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**Justification (Required):** Justification for nominating this individual (Please elaborate on research, disciplinary expertise, experience, etc.) New professors being nominated in their home department do not require a justification.

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**Required Signatures:**

Nominated By: \_\_\_\_\_  
*Signature of Head/Chair/Director of Program* *Printed Name* *Date*

Approved By: \_\_\_\_\_  
*Signature of College Dean* *Printed Name* *Date*

Appointment by Graduate School:	Approved	Denied
GCR:           No           Masters only           Doctoral           Current GCR		
Approved By: _____		
<i>Signature of Graduate School Dean</i>	<i>Printed Name</i>	<i>Date</i>

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**Graduate Faculty Mentoring Modules (to be completed by the Graduate School):**

Nominee has been previously approved for activities 4 or 5

Nominee has participated in graduate faculty mentoring training at OSU

Must complete all mentoring modules

Recommended to complete at least two mentoring modules