

ADJUNCT FACULTY APPOINTMENT REQUEST

Health Science Departments



Name:

Department:

Campus:

Rank requested:

Board Certified: ☐ YES ☐ NO ☐ NOT APPLICABLE

Must Attach:

- ☐ Current CV
- ☐ Position Description
- ☐ Draft Acceptance Letter
- ☐ Board Certification verified (if applicable)

Notes:

Requested by:

Date

Department Chair

Recommendation of Associate Dean for Health Sciences:

☐ Recommend

☐ Do not recommend

Date

Recommendation of Senior Associate Dean, Academic Affairs:

☐ Recommend

☐ Do not recommend

Date

Approval of Dean/VP for Health Affairs:

☐ Approve

☐ Do not approve

Date

Dean/Designee

The draft letter of appointment, which was attached to this request, has been approved and should be sent to the above named person, along with a position description, requesting that he/she sign the letter indicating acceptance. Please return the signed letter to Academic Affairs.

Office of Academic Affairs use only:

- ☐ Return copy of completed form to department
- ☐ Acceptance letter of appointment received
- ☐ Enter in faculty affairs database
- ☐ Create electronic file in Versatile