

CLINICAL VOLUNTEER FACULTY APPOINTMENT REQUEST
Clinical Science Departments



Name:

Department:

Campus:

Rank Requested:

Board Certified: ☐ YES ☐ NO ☐ NOT APPLICABLE

Gender: Male Female Unknown/Unspecified

Medical Specialty:

Must Attach:

Current CV
Position Description
Board Certification (if applicable)
Draft Letter of Appointment

Email:

Notes:

Requested by:

Department Chair

Date

Campus Dean:

☐ Recommend

☐ Do not recommend

Date

Senior Associate Dean, Academic Affairs:

☐ Recommend

☐ Do not recommend

Date

Dean/VP for Health Affairs:

☐ Approve

☐ Do not approve

Dean/Designee

Date

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
- ☐ Create ID card and certificate
- ☐ Enter in faculty affairs database
- ☐ Add to Listserv
- ☐ Create electronic file in Versatile