CLINICAL VOLUNTEER FACULTY APPOINTMENT REQUEST
Clinical Science Departments

UND School of Medicine & Health Sciences
University of North Dakota

Name:

Department: Choose One

Campus: Choose One

Rank Requested: Choose One

Board Certified: ☐ YES ☐ NO ☐ NOT APPLICABLE

Gender: Male Female Unknown/Unspecified

Email:

Medical Specialty:

Must Attach:
- ☐ Current CV
- ☐ Position Description
- ☐ Board Certification (if applicable)
- ☐ Draft Letter of Appointment

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