CLINICAL VOLUNTEER FACULTY APPOINTMENT REQUEST
Health 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

Medical Specialty:

Must Attach:
- ☐ Current CV
- ☐ Position Description
- ☐ Board Certification verified (if applicable)
- ☐ Draft letter of appointment

Email:

Notes:

Requested by:

_____ _____
Department Chair Date

Recommendations:

Associate Dean for Health Sciences: ☐Recommend ☐Do not recommend

_____ _____
Date

Senior Associate Dean, Academic Affairs: ☐Recommend ☐Do not recommend

_____ _____
Date

Approval:

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 and send ID card, certificate and benefit information to department/notify campuses
- ☐ Enter in faculty affairs database
- ☐ Create electronic file in Versatile