JOINT FACULTY APPOINTMENT REQUEST

Clinical Science Departments



Name:	
Department:	Must Attach:
Campus:	☐ Current CV
	Position DescriptionDraft Acceptance Letter
Rank requested:	☐ Board Certification verified (if applicable)
Board Certified: ☐ YES ☐ NO ☐ NOT APPLICABLE	
Notes:	
Requested by:	
Department Chair	Date
December of Couries Associate December 2 Couries 2 Couries	Affaire December of December of
Recommendation of Senior Associate Dean, Education & Faculty	Affairs: ☐Recommend ☐Do not recommend
Kenneth Ruit, Ph.D.	Date
Approval of Dean/VP for Health Affairs:	☐Approve ☐Do not approve
Marjorie Jenkins, MD, MEdHP, FACP	 Date
The draft letter of appointment, which was attached to this requ	jest has been approved and should be sent to the
above named person, along with a position description, requesti	
Please return the signed letter to Education and Faculty Affairs.	
Office of Education and Faculty 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	