

JOINT FACULTY APPOINTMENT REQUEST

Clinical 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:

Department Chair

Date

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

Joshua Wynne, M.D., M.B.A., M.P.H.

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 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