JOINT FACULTY APPOINTMENT REQUEST

Health Science Departments



Name:	
Department:	Must Attach:
Campus:	☐ Current CV
	☐ Position Description
Rank requested:	□ Draft Acceptance Letter□ Board Certification verified (if applicable)
Board Certified: ☐ YES ☐ NO ☐ NOT APPLICABLE	Board certification vermed (if applicable)
Notes:	
Requested by:	
	- Data
Department Chair	– Date
Recommendation of Associate Dean for Health Sciences:	☐Recommend ☐Do not recommend
David Relling, P.T., Ph.D.	Date
Recommendation of Senior Associate Dean, Education and Facu	lty Affairs: □Recommend □Do not recommend
	.,
Vorgeth Duit Dh D	
Kenneth Ruit, Ph.D.	Date
Approval of Dean/VP for Health Affairs:	☐Approve ☐Do not approve
Marjorie Jenkins, MD, MEdHP, FACP	Date
marjerie semans, me, meant, me.	Date
The draft letter of appointment, which was attached to this requ	
named person, along with a position description, requesting that return the signed letter to Education and Faculty Affairs.	: he/she sign the letter indicating acceptance. Please
Teta the signed letter to Education and Faculty Amans.	
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	