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 a)	nnlicahle)
Board Certified: ☐ YES ☐ NO ☐ NOT APPLICABLE	Doard Certification verified (if a	pplicable)
Notes:		
Descripted by		
Requested by:		
	 Date	-
Department Chair		
Recommendation of Associate Dean for Health Sciences:	☐Recommend ☐Do not re	commend
David Relling, P.T., Ph.D.	– — Date	_
Recommendation of Senior Associate Dean, Education and Facu	lty Affairs: □Recommend □Do not re	commend
	,	
Kenneth Ruit, Ph.D.	 Date	-
Approval of Dean/VP for Health Affairs:	☐Approve ☐Do not ap	prove
		_
Joshua Wynne, M.D., M.B.A., M.P.H.	Date	
The draft letter of appointment, which was attached to this requ	act, has been approved and should be sent	to the abo
named person, along with a position description, requesting that		
return the signed letter to Education and Faculty Affairs.	4, 5 5 6	
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		