Request for Appointment Checklist for New Full-Time Faculty

Please complete for all new faculty appointments - except adjunct faculty. This form should also be used for faculty whose status is changing (e.g., part-time to full-time). Chair or Search Committee Chair gives to Dean for approval. Deans please send to Provost's office. This will ensure accurate commitment and contract letters for new full-time and rank-and-time faculty. Please attach CV.

Name:	Date:			
Address:				
Semester/Year:				
Department:				
Tenure Track Clinic	ral Professional Practice	Visiting	Rank & Time	Lecturer
Rank (Instructor, Lect	urer, Assistant Professo	r, Associate	Professor, Pro	ofessor)
Full Time Part Time (Please indicate percentage)				
Nine-Month contract Other (e.g. one semester, 12-month)				
Highest Degree:	Salary: \$			
Moving expenses (usually the standard): \$				
Years of credit toward tenure and promotion:				
Expected year of review for tenure and promotion, if not standard:				
New Position Replacement ~ Replacement for				
Please describe any other special commitments or expectations (degree completion, etc.) that should be stated in the commitment or contract letter.				
Dean's signature	A	Approval dat	e:	
Cc: Department Chair				