

Request for Affiliated Faculty Appointment

FORM A1

| | |
|---|----------------|
| Name: _____ | |
| ID #: _____ | |
| Rank: _____ | |
| Affiliated Dept: _____ | |
| Primary Dept: _____ | |
| Discipline: _____ | |
| Start Date: _____ End Date: _____ | |
| New Appointment for Current Employee - attach current CV | Re-appointment |

Please review definition of affiliated faculty [here](#).

Does this person have a terminal degree in a relevant and appropriate field for their assigned teaching/research supervision duties?

Tenured & Tenure-Track: review [Faculty Handbook](#). Inform Graduate School if Full Appointment is not advised. Non-Tenure-Track AND will teach/supervise graduate students: submit [Recommendation for Appointment to Graduate Faculty Status form](#) to the Graduate School.

Special Conditions of Appointment:

Education (Date, Degree, Institution, Major, Area of Specialization)

- Requesting Department Chair _____
- College Dean of Requesting Dept. _____
- Primary Department Chair _____
- College Dean of Primary Dept. _____
- Academic Employment/HR _____
- Provost _____
- President _____