



Recommendation for Joint Faculty Appointment

The Department of _____, College of _____, requests approval of the joint appointment of (name) _____, who is currently serving as (title) _____ in the Department of _____, College of _____. This appointment will become effective on _____ and will continue until _____.

If this request is approved, _____ would hold the title of _____ in this department.

Please indicate whether this is (1) a fully conceived joint appointment or (2) one that has more limited and specific application.

(1) This appointment confers full faculty privileges, duties, and responsibility in both departments which request this joint appointment. (For a joint appointment of this type, a fully developed and detailed Memorandum of Understanding (MOU) is needed.)

(2) This appointment is requested on the basis of the desire of this department that this new colleague would perform the following duties for this department (Please describe duties/expectations/benefits in the requesting department on a separate page.)

Please attach a copy of the faculty member's CV to this request.

Requesting Department:

Concurring Department:

Department Head Date

Faculty Member Date

Dean Date

Department Head Date

Dean Date

Approved:

Dean of Faculties & Associate Provost Date