

**College of Liberal Arts
Affiliate Faculty Appointment Form**

1. Name of Faculty Member _____
2. Department _____
3. Affiliated Institute or Program, if relevant _____
4. Term of appointment:
Fiscal Year (give dates): _____
or
Academic Year (give dates): _____
5. Rank: _____
6. Anticipated duties or services to be performed: _____
7. A majority of the department/institute/program faculty must endorse the appointment. The department/institute/program chair/director must initial this line to indicate that the vote has been taken.

8. An appointment request must be accompanied by: (please check)

A current and complete curriculum vita: _____

A statement from the department/institute/program chair/director identifying any privileges being extended to the affiliate faculty, such as the right to attend department meetings: _____

When completed and accompanied by the required documents, this form should be submitted to the Dean.

Signature of department/institute/program chair/director

Date

Signature of Dean

Date