 **Recommendation for Secondary Appointment**

Process: (1) Complete this cover form for each individual and save as a PDF.

(2) Complete the linked Google form: [Documentation for Various Faculty Applications and/or Change Requests](https://docs.google.com/forms/d/e/1FAIpQLSef19IbCjO9XBO183FWFON_iJ4fuUNKMVuoDiSxqRH9pz0y8g/viewform)

(3) For each individual, upload the documents as a single PDF with this form on top.

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| **Faculty Information** | Name: Click here to enter text.  ID: Click here to enter text.  Primary Unit Rank: Click here to enter text.  Tenured  Tenure-Track  Non-Tenure-Track |

Is this a renewal? No  Yes

Please attach a current CV and description of responsibilities in the secondary unit if this is a new appointment.

Effective Date: Click here to enter a date.

Appointment is for three (3) years from the effective date.

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| **Secondary Department Information**  **Recommended by:**  **Approved by:** | Department (printed): Click here to enter text.  Chairperson (printed): Click here to enter text.    *Signature*  Dean/Director (printed): Click here to enter text.    *Signature* |

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| **Primary Department Information**  **Recommended by:**  **Approved by:** | Department (printed): Click here to enter text.  Chairperson (printed): Click here to enter text.    *Signature*  Dean/Director (printed): Click here to enter text.    *Signature* |