# REQUEST FOR ADJUNCT FACULTY APPOINTMENT

 DATE:

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| --- | --- | --- | --- |
| College:  |       | Department:  |       |

|  |  |
| --- | --- |
| Name: |       |
|  |  |
| Requested faculty title: |       |
|  |  |
| Department faculty vote: |       # of Yes votes       # No votes |
|  |  |
| Period of appointment  *Appointment other than committee work – up to 3 years* |       |
|  |  |
| Individual’s current title, position, or affiliation if he or she is in a paid position at the U of A or elsewhere: |       |
|  |  |
| If off campus, identify terminal degree/expertise/experience |       |
|  |  |
| Specific reason for the appointment: |       |

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| APPROVALS: |  |  |
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| Department Chair |  | Date:       |
|  |  |  |
|  |  |  |
| Dean |  | Date:       |
|  |  |  |
| Associate VP(s)for Agriculture (AGRI only) |  | Date:       |
|  |  |  |
| Provost |  | Date:       |