# REQUEST FOR ADJUNCT FACULTY APPOINTMENT

DATE:

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