REQUEST FOR SECONDARY APPOINTMENT

Date: ____________________

Name of Candidate: ____________________  Current Rank: ________________

Contribution to Department:
____________________________________________________________________
____________________________________________________________________

Is this a term appointment? If yes, please note expiration date: ________________

Secondary Approval at (School/ College): ________________________________

Department Chairperson: ________________

Dean: ____________________

Primary Department Approval: ________________  Department of ________________

Department Chairperson: ________________

Dean: ____________________

Other Approvals: ____________________

Vice Provost for Faculty Affairs: ________________

Instructions: The School/Department requesting the secondary appointment should complete this form, and attach a copy of the candidate’s updated curriculum vitae. The completed packet should be routed to obtain the approval of the respective Deans and Chairs, and then sent to The Office of Faculty Affairs, 140 Ashe Building, Coral Gables Campus, Locator #4608.

If this appointment is to be terminated, please forward appropriate notification to the Dean of the primary School/College, and to The Office of Faculty Affairs.

Revised 12/12