OFFER OF FULL-TIME FACULTY APPOINTMENT

V I S I T I N G O N L Y

Name ____________________________________________________________

Department ___________________________   Rank: Visiting ______________________________

Academic Specialization _____________________________________________________________

1.   Recommended salary $ ________________________________________________

Funded from account # _______________________________________________________

2.   Length of appointment ___________________

3.   Start date:  September 1, 20_____. Note that the start date is always September 1 unless
there are visa issues, in which case a specific start date must be included here:

_______________________________________

3.   New appointment, or reappointment? _______________________________________

4.   Sabbatical or leave replacement?    Y/N

If yes, for whom? ____________________________________________________________

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Please submit this form to the Provost, with the department chair's signature and the
candidate's curriculum vitae attached.

Department Chair ___________________________________ Date ___________________________

Affirmative Action (needed for 2 year appointments or longer)

__________________________________________________  Date_______________________

Provost ___________________________________________ Date_______________________

Committee on Personnel _____________________________ Date_______________________

President __________________________________________  Date_______________________