OFFER OF FACULTY APPOINTMENT
Affiliate Appointment OR
Adjunct Appointment
ONLY

Name ________________________________________________________________

Appointing Department __________________________________________________

Type of appointment requested (include title) __________________________________

Starting Date ________________________ Length of Appointment ______________________

1. If the request is for an Affiliate position, the individual must be from outside of Clark University. Briefly explain the affiliation and the candidate’s current position:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

3. If the request is for an Adjunct position, the individual must already have a faculty appointment in another department at Clark University. Briefly explain the adjunct appointment:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

NOTE: For an Adjunct appointment, the chair of the candidate’s current department must sign in the space provided below.

After this form is signed by the Department Chair, please attach the candidate’s curriculum vitae and forward to Deb Brenner in the Provost’s Office.

Department Chair __________________________________ Date ________________

Department Chair of Current Appointment (for adjunct only)

_______________________________________________________ Date ____________

Provost ___________________________________________ Date _________________

President __________________________________________ Date _________________