

REQUEST FOR ADJUNCT FACULTY APPOINTMENT

DATE:

College:		Department:	
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Name:			
Requested faculty title:			
Department faculty vote:	# of Yes votes	# No votes	
Period of appointment <i>Appointment other than committee work – up to 3 years</i>			
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:			

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