

**REQUEST FOR FACULTY CROSS APPOINTMENT
(BETWEEN SCHOOLS, DEPARTMENTS, OR PROGRAMS)**

General Data

Faculty Name: _____ Rank: _____

Type: Joint Associated Affiliated _____

Participating Schools/Departments:

1. _____ 2. _____

Terms of Teaching Assignments:

Department/Program	Number of Courses	Salary Allocation (percent)*
1.		
2.		

*Only for JOINT appointments; salary allocation generally is equivalent to distribution of effort.

Terms of Cross Appointment

Please describe below expected distribution of administrative assignments agreed to by the participating departments, and any other terms relating to division of responsibilities of the faculty member on behalf of each department.

Faculty Member's New Title (only for Joint & Associated appointments)

Effective Date of Cross Appointment: _____

Approvals

Department Chair/Director Signature Date

Department Chair/Director Signature Date

Dean Signature Date

Dean Signature Date