



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

*NOTE: For Global Network Professor appointments, please use the [Request for Global Network Professor Title](#) form.*

**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 \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Director \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Provost's Office \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_