

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 ASSIGNMENT:

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

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 _____

¹ Only for JOINT appointments; salary allocation generally is equivalent to distribution of effort.