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:

<table>
<thead>
<tr>
<th>Department/Program</th>
<th>Number of Courses</th>
<th>Salary Allocation (percent)¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
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</tbody>
</table>

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.