 **Recommendation for Secondary Appointment**

Process: (1) Complete this cover form for each individual and save as a PDF.

(2) Complete the linked [Google](https://forms.gle/RX4ixgsj6YFps7gq6) form.

(3) For each individual, upload the documents as a single PDF with this form on top.

|  |  |
| --- | --- |
| **Faculty Information** | Name: Click here to enter text.  Banner ID: Click here to enter text.  Primary Rank: Click here to enter text.  Tenured  Tenure-Track  Non-Tenure-Track |

Is this a renewal? No  Yes

Please attach a current CV and description of responsibilities in the secondary department if this is a new appointment.

Effective Date: Click here to enter a date.

Appointment is for three (3) years from the effective date.

|  |  |
| --- | --- |
| **Secondary Department Information**  **Recommended by:**  **Approved by:** | Department (printed): Click here to enter text.  Chairperson (printed): Click here to enter text.    *Signature*  Dean/Director (printed): Click here to enter text.    *Signature* |

|  |  |
| --- | --- |
| **Primary Department Information**  **Recommended by:**  **Approved by:** | Department (printed): Click here to enter text.  Chairperson (printed): Click here to enter text.    *Signature*  Dean/Director (printed): Click here to enter text.    *Signature* |