 **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.

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| **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.

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| **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* |

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| **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* |