RESET PRINT

Date: _____

MEMORANDUM

From: Department (Home) _____ Sign/ Date: _____

To: Provost and Chief Academic Officer

Via: (1) Department (Joint) _____ Sign/ Date: _____

(2) VPAL Michael Freeman_____Sign/ Date:_____

Subj: REQUEST FOR FACULTY JOINT APPOINTMENT

1. A joint appointment for the following faculty is requested:

   Name: _____

   Title: _____

   Home Department: _____

   Joint Department: _____

   Effective Date: _____ *End Date: _____

   *Appointment can be up to 3 years; reappointments can be requested

2. This appointment will benefit the joint department as described: