RESET PRINT

Date: _____

MEMORANDUM

From: Department/Chair: _____ Sign/Date: _____

To: Vice Provost for Academic Affairs

Via: Vice Provost Academic Leadership Sign/Date: _____

Subj: APPOINTMENT OF ACADEMIC ASSOCIATE

1. I request Academic Associate Appointment for the following faculty:

Name: _____

Title: _____

Start Date: _____ End Date: _____

☐ Renewal ☐ New Curriculum Replaces: _____

Curriculum/Curricula Title(s) and Number(s) (both are required):

_____

Comments (if any)

Sign/Date: _____

Vice Provost for Academic Affairs