

Complete this form and send along with a current CV to the next signer.

Nominator: _____

Nominating Department/Program: _____

Nominator's Email Address: _____

NOMINEE INFORMATION:

Name: _____

Current Position Title: _____

Business Address: _____

Phone Number: _____ Email: _____

Highest Degree Earned: _____ Institution of Degree: _____

Field of Study: _____

As an adjunct, the nominee will perform the following duties for the relevant department or program:

TERM:

Adjunct appointments have no end date. Departments should review adjunct appointments every three years and inform the Provost's Office of any changes to such agreements, including termination of the agreement.

Note: Graduate course offerings will require waiver by Graduate Council if nominee does not become an associate member of the graduate faculty.

Nominator Signature: _____ Date: _____

RECOMMENDED APPROVAL:

Chair/Head/Director Signature: _____ Date: _____

Dean Signature: _____ Date: _____

FINAL APPROVAL:

Provost Signature: _____ Date: _____