

**COLLEGE OF ENGINEERING
REQUEST FOR A JOINT/ADDITIONAL APPOINTMENT**

CHECK ONE:

Initial Appointment

Renewal

Faculty Name _____

Home Department _____

Home Unit _____

Home Title _____ FTE _____

Requested Department _____

Requested Title _____ FTE _____

Requested Effective Date _____ Requested End Date _____
(Initial Appointments for up to three years, renewals for up to five years)

Intellectual Engagement (Comment on expected engagement for initial appointment, detail realized engagement for renewals. Please continue on back of form if necessary.)

Chair Doctoral Students _____

Departmental Committees _____

Teaching _____

Advise on Curriculum _____

Other _____

Comments _____

Candidate Signature _____ Date _____

Chair of Home Department _____ Date _____
(CoE or non-CoE)

Dean's Office for Home Unit _____ Date _____
(Only if non-CoE)

Chair of Requested Department _____ Date _____
(CoE or non-CoE)

Dean's Office for CoE _____ Date _____

**PLEASE SEND THIS FORM ALONG WITH THE CANDIDATE'S CV TO:
SHERRY FOLSOM, CoE ADAA OFFICE, 2446 LEC 2102**