



FACULTY APPOINTMENT FORM

Academic Year _____ Fall Only _____ Spring Only _____

DEPARTMENT

Name of Faculty Member _____ Department _____
Street Address _____
City, State, Zip _____ Email _____
Home Phone _____ Work Phone _____
Rank & Step _____

EDUCATION

Undergraduate Degree _____ Specialization _____
Post-Graduate Degree _____ Specialization _____
Other Degree _____ Specialization _____
Teaching Experience (# of yrs.): Full-time _____ years Part-time _____ years
Professional Post-Baccalaureate Experience: Full-time _____ years Part-time _____ years

VERIFICATION

Official transcripts for all Degrees in file: YES NO
Employment verification form completed: YES NO
Telephone Call Made to Former Employer: YES NO
English Fluency Verified: YES NO

REASON FOR APPOINTMENT:

_____ New Position _____ Replacement for temporary
_____ Continuing temporary _____ Replacement for permanent.

ASSIGNED TEACHING LOAD:

FULL-TIME: Fall Spr. Both
PART-TIME: Fall Spr. Both *Support:*

Dept. Chairperson Signature Date

Search Committee Chair Signature Date

Dean of College Signature Date