

OFFER OF FACULTY APPOINTMENT

Affiliate Appointment OR
Adjunct Appointment
ONLY

Name _____

Appointing Department _____

Type of appointment requested (include title) _____

Starting Date _____ Length of Appointment _____

1. If the request is for an *Affiliate* position, the individual must be from outside of Clark University. Briefly explain the affiliation and the candidate's current position:

3. If the request is for an *Adjunct* position, the individual must already have a faculty appointment in another department at Clark University. Briefly explain the adjunct appointment:

NOTE: For an Adjunct appointment, the chair of the candidate's current department must sign in the space provided below.

After this form is signed by the Department Chair, please attach the candidate's curriculum vitae and forward to Deb Brenner in the Provost's Office.

Department Chair _____ Date _____

Department Chair of Current Appointment (for adjunct only)

_____ Date _____

Provost _____ Date _____

President _____ Date _____

