



REQUEST FOR SECONDARY APPOINTMENT

Date: _____

Name of Candidate: _____ Current Rank: _____

Contribution to Department:

Is this a term appointment? If yes, please note expiration date: _____

Secondary Approval at (School/ College): _____

Department Chairperson: _____

Dean: _____

Primary Department Approval: **Department of** _____

Department Chairperson: _____

Dean: _____

Other Approvals: _____

Vice Provost for Faculty Affairs: _____

Instructions: The School/Department requesting the secondary appointment should complete this form, and attach a copy of the candidate's updated curriculum vitae. The appointment requires approval by the majority of the REGULAR FACULTY in the secondary unit. **Please include the vote in memo or DF-15 form.** The completed packet should be routed to obtain the approval of the respective Deans and Chairs, and then sent to The Office of Faculty Affairs, 140 Ashe Building, Coral Gables Campus, Locator #4608.

If this appointment is to be terminated, please forward appropriate notification to the Dean of the primary School/College, and to the Office of Faculty Affairs.