

REQUEST FOR NEW APPOINTMENT

FOR ADJUNCT, VISITING, CONCURRENT and FELLOWS

Date:

Appointee's Name:

Department:

**If employed elsewhere at ND, where:

** Chair/Director signature from primary appointment REQUIRED: _____

Current Rank _____ Proposed rank: _____

Highest academic credential: _____

Proposed salary: _____ and /or rate per course: _____

Foapal(s) to be charged if other than Dean's office: _____

Additional Foapal _____

Begin Date: _____ End Date: _____

Reason for this appointment:

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Courses to be taught:

Credit Hours:

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This appointment is subject to enrollment: ___Yes / ___No

Department Chair/Director Signature

Dean or Associate Dean Signature