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| Department of       (requesting department) | |
| Cooperating Faculty Appointment/Reappointment | |
| Instructions: Please complete the following. | |
| 1. Attach a current CV of potential CFM. | |
| 1. Statement of Anticipated or Past Involvement in the department referenced above.   Please provide or attach a statement that describes your anticipated or past involvement as a CFM in the department referenced above. | |
|  | |
| 3. My signature below (or attached emailed approval) indicates my willingness to accept an appointment as a CFM in the department referenced above. | |
| Printed Name:       Signature: | Date: |
| 1. Approval by Cooperating Faculty Member’s Home Department Chair as Chair of the Department of      , my signature below (or attached emailed approval) indicates my approval of       participating as a CFM in the department referenced above. | |
| Printed Name:       Signature: | Date: |

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| Host Department Vote: | For,       Against,       Abstain,       Unavailable | |
| Advisory Vote: | For,       Against,       Abstain,       Unavailable | |
| Dates of Appointment: | to | |
| Approval by CFM’s Host Department Chair as Chair of the Department referenced above, my signature below (or attached emailed approval) indicates my approval of      participating in the department referenced above. | | |
| Printed Name:       Signature: | | Date: |

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| CNAS Dean’s Approval: | |
| Printed Name:       Signature: | Date: |

Appointments/reappointments are for 2 years for Asst. and Assoc. Professors, and 3 years for full Professors

* To add electronic signatures, unprotect the document.
* Once approved, please send a copy of the host department’s appointment letter to the appropriate analyst in the CNAS Dean’s office and to Amanda Wong in the Graduate Division.