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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.
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| 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.