

**ADJUNCT PROFESSORSHIP
RECOMMENDATION FOR APPOINTMENT**

TO THE DEPARTMENT/SCHOOL OF _____

COLLEGE OF _____

(Attach candidate's credentials)

Name _____ S.S. # _____
(Dr., Mr., Ms.)

Present Address _____
(street) (city, state) (zip)

Place of Primary Employment _____

Field of Specialization _____

Education: Institutions attended	Degree	Date
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Experience: (Pertinent to position)

Rank: Adjunct _____

New appointment _____ Reappointment _____ Length of appointment _____

Special stipulations during appointment:

_____ Department Chair	_____ Date
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_____ Dean	_____ Date
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_____ Provost and VP for Academic Affairs	_____ Date
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Only signed letters of offer that are received within three months of the Provost appointment approval date will be processed.