Affiliate Faculty Appointment Request Template
*Must be on UNTHSC letterhead*

 Please submit packet to Faculty Affairs at least **10** business days
prior to start date to allow for signature approval

**MEMORANDUM**

TO: (Dean)

FROM: (Department Chair)

DATE:

RE: (Name of new affiliate faculty member)

I am requesting an affiliate faculty appointment for *<insert name>* in the Department of *<insert* *name of department>.* I am requesting that he (she) be appointed at the rank of *<enter* *requested rank>* on non-tenure track). The start date for Dr. *<insert* *name>* is anticipated to be *<insert start date>.*

***NOTE:***

*Please include a brief paragraph on duties the new affiliate faculty member will be performing, also including place of affiliation.*

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Packet Prepared By – Type Name

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Dean / Date