

Affiliate Faculty Questions

This form must be completed by the appointing officer and attached to the Affiliate Faculty Hiring Approval Form when submitting for consideration.

1. I am requesting this affiliate position for the _____ fiscal year(s).
2. Name: _____
3. Highest Degree: _____
4. Primary responsibilities will be:
 - Course(s): _____

 - Other duties: _____

 - Location of course(s) and/or duties: _____

 - Justification of need: _____

Signature of Appointing Officer:

_____ **Date** _____