Date

Employee Legal Name Employee G Number Employee Full Address

Dear Employee Legal Name:

I am pleased to inform you that your Visiting Faculty appointment in the department within the college has been renewed for one year effective fall year. Your salary for the year academic year will be $\_\_\_\_\_\_. You will also be eligible to participate in the University’s group health and life insurance programs.

This is your third and final appointment. Visiting appointments are not to exceed a total of three years. You are being hired to teach four 3 credit hour courses (please change number of courses and credit hours as appropriate). This is a non-tenurable position and provides you no credit towards tenure. All Visiting Faculty employment contracts can be terminated as outlined in the University Policies in the areas referencing and applicable to Visiting Faculty. All faculty are subject to the policies of the University as found on the University Policies website, [www.gvsu.edu/policies](http://www.gvsu.edu/policies).

GVSU must verify that each faculty member is qualified to teach the course(s) indicated. Therefore, the following documents are required in order to complete the hiring process:

1. Signed contract letter
2. Signed Faculty Qualifications Form
3. A current resume or curriculum vitae, showing relevant education/training, certifications, and experience
4. Official transcripts for the highest degree earned relevant to the course(s) being taught

This contract is contingent on receiving credentials validating the qualifications needed to teach the course(s). If it is determined the credentials are not appropriate to teaching the course(s) indicated, this contract is invalidated. If you have previously submitted the documents to teach in this program at GVSU, and they are up-to-date, then new documents do not need to be submitted at this time.

I would appreciate your signing, dating and returning this letter to me by date as an official indication of your acceptance of your appointment and the conditional indicated.

Sincerely,

Dean/Appointing Officer Name Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Dean/Appointing Officer Title

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

cc: Provost

 Human Resources

 Budget Office

Position #

FOAP