DATE

NAME

ADDRESS

CITY, STATE ZIP

Dear Applicant 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 visiting appointment is to a non-tenurable position and provides you no credit toward tenure. It may be renewed for not more than (number of years remaining). Visiting appointments are not to exceed a total of three years. All Visiting Faculty employment contracts can be renewed and/or 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)).

Your primary instructional responsibilities will be to teach (subject) courses listed below.

Course(s) Times Comments *Credit/Contact hrs* Position #(s) Amount(s)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Total Salary |  |  |  |  | $ |

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 conditions indicated.

Sincerely,

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

Title

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

cc: Provost

Human Resources

Budget Office

Position #:

FOAP