



Affiliate & Joint Faculty Appointment Request Form (SON 10-09.06A)

Instructions for Sponsors: Return this form along with a current CV or NIH biosketch from the Appointee to the School of Nursing Office of Academic Affairs (SN-ADM). The Office of Academic Affairs will confirm credentials, extend the Letter of Offer, and manage the renewal process. Appointments will be on a two-year rolling calendar. Sponsors will be notified two-months prior to the expiration of affiliate appointments regarding renewals.

Date of Request:

Effective Date:

Person Requesting Appointment:

Campus:

Title of Person Requesting Appointment:

Sponsor Statement of Support (Attach separate piece of paper if desired).

If requesting a Joint Faculty Appointment, please explain rationale and provide supporting documentation.

Name & Credentials of Affiliate Faculty Appointee:

Agency Position Title:

Agency Name:

Agency Address:

Agency City, State & Zip Code:

Appointee Daytime Phone Number:

Appointee e-mail address:

Home Address:

Home City, State, & Zip Code: