

UNIVERSITY OF SOUTH ALABAMA ACADEMIC APPOINTMENT REQUEST FORM

This appointment request form should be forwarded with the **completed applicant file**. A complete applicant file includes: certification of English Language Proficiency by Chair and Dean as indicated by approving this form, recommendations of the Chair and Dean, official transcripts for all **DEGREES conferred** (Associate Degree transcripts are not necessary) from institutions of higher learning, three letters of reference, curriculum vita, signed Biographical Data Form, USA Faculty Consent Form and completed Affirmative Action Report. For graduate appointments, please contact 460-6310 for specific requirements.

POSITION INFORMATION

Position # _____ FUND _____ ORGN _____ PROG _____ FTE _____ DATE POSITION _____
 APPROVED: _____
 (Attach AA Form #1) _____

DEPARTMENT _____ COLLEGE/SCHOOL _____

APPLICANT NAME AND EDUCATIONAL INFORMATION

APPLICANT NAME: _____ JNumber: _____

INSTITUTION(S) OF HIGHER EDUCATION ATTENDED:

NAME OF INSTITUTION	DEGREE	YEAR AWARDED	MAJOR

RECOMMENDED TERMS OF APPOINTMENT

RANK: _____ SALARY: _____ EFFECTIVE DATE OF APPOINTMENT: _____

Tenure Track
 9 Month
 One Year Only
 Continuing
 Non-Tenure Track
 12 Month
 One Semester Only

YEAR(S) CREDIT TOWARD TENURE/PROMOTION: _____
 (Faculty Handbook Chapter 3, Section 11.4.2)

COMPLETED FILE CHECKLIST

Biographical Data Form:
 Curriculum Vitae:
 USA Faculty Consent Form:
 Completed Affirmative Action Form:
 Recommendation of Chair:
 Dean's Letter of Recommendation, including terms of appointment:
 Three Letters of Reference:
 Letter #1
 Letter #2
 Letter #3
 Official Transcripts:
 Bachelors
 Masters
 Doctorate
 Exception Form Needed? Yes No
*If yes, the exception for teaching undergraduate and/or graduate courses form must accompany this request.
 A Faculty Qualifications Portfolio will be required once applicant approved.*

File Checked by: _____
 Date: _____

APPROVALS

CHAIR (includes certifying English Language Proficiency) _____ DATE _____
 DEAN (includes certifying English Language Proficiency) _____ DATE _____
 EVP & Provost _____ DATE _____
 PRESIDENT _____ DATE _____