## New Faculty Appointment Information

(Use this form for new tenured or tenure-track appointments ***other than***Assistant Professor.)

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| --- | --- | --- | --- |
| **Provide the following information for the Candidate:** | | | |
| Candidate’s Name |  | | |
| Mailing Address |  | | |
|  | | |
|  | | |
| Type of Appointment | 9 month 🞎 | 12 month 🞎 |  |
| **Unless otherwise indicated, the following start dates should be inserted:**  *For 9-month appointments, August 23*  *For 12-month appointments, July 1* | | | |
| Expected Start Date |  | | |
| Salary | $ | (State Supported) | |
| $ | (External Funding) | |
| **If joint appointment, provide a breakdown of salary (by percentage or dollar amount):** | | | |
| Primary Department |  | | |
| Secondary Department |  | | |