REQUEST FOR FACULTY CROSS APPOINTMENT
(BETWEEN SCHOOLS, DEPARTMENTS, OR PROGRAMS)

General Data

Faculty Name: 
Rank: 

Type: ☐ Joint ☐ Associated ☐ Affiliated

Participating Schools/Departments:
1. 
2. 

Terms of Teaching Assignments:

<table>
<thead>
<tr>
<th>Department/Program</th>
<th>Number of Courses</th>
<th>Salary Allocation (percent)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
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*Only for JOINT appointments; salary allocation generally is equivalent to distribution of effort.

Terms of Cross Appointment

Please describe below expected distribution of administrative assignments agreed to by the participating departments, and any other terms relating to division of responsibilities of the faculty member on behalf of each department.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Faculty Member’s New Title (only for Joint & Associated appointments)

______________________________________________________________________________
______________________________________________________________________________

Effective Date of Cross Appointment: ________________________________

Approvals

Department Chair/Director 
Signature 
Date

Department Chair/Director 
Signature 
Date

Dean 
Signature 
Date

Dean 
Signature 
Date