

Case Western Reserve University
College of Arts and Sciences

APPOINTMENT FORM

Date _____

Note: Attach current C.V.

Department _____

Dept. No. _____

Appointee's Name _____

Current Address _____

Case Rank _____

Salary _____

(Indicate payment period: 12 mos. AY, Semester)

Period of Appointment _____

Date of Birth _____

Is the appointee a U.S. citizen or permanent resident? Yes _____ No _____

If no, contact the Office of Foreign Faculty and Scholars. Attach to this form the appropriate Exchange Visitor form or written verification from OFFS that no form is required.

Will the appointee be using or potentially be exposed to human blood and/or tissue?

Yes _____ No _____

Moving Expenses from (city) _____

(for tenure-track appointments only)

Has appointee held any previous position in the College of Arts and Sciences? Yes _____ No _____

If yes, provide date(s) and rank(s): _____

Source of funding: _____

If the appointment is at the rank of Research Associate or Senior Research Associate, please indicate supervisor: _____

Have the appropriate Affirmative Action materials been submitted?

Yes _____ Date Submitted _____

No _____ N/A _____

Certification of Terminal Degree:

_____ Official Transcript

_____ Letter from Dean of Graduate Studies

Ph.D./M.F.A. not yet in hand; expected date _____

Appointee's Name _____

JUSTIFICATION FOR THE APPOINTMENT (This section *MUST* be completed. Use separate sheet if necessary.)

TEACHING ASSIGNMENT – For each course to be taught, list the following:

Course Name _____
Course No. _____ Credit Hrs _____ Expected Enrollment _____ Semester _____

Course Name _____
Course No. _____ Credit Hrs _____ Expected Enrollment _____ Semester _____

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Course No. _____ Credit Hrs _____ Expected Enrollment _____ Semester _____

Course Name _____
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Course Name _____
Course No. _____ Credit Hrs _____ Expected Enrollment _____ Semester _____

SIGNATURES:

Department Chair Date

A&S Office of Finance and Administration Date

Dean Date

Provost Date