## 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.

		P	OSITION IN	FORMATI	<u>ON</u>			
Position #	FUND	ORGN	PROG	]	FTE DATE POSITION APPROVED: (Attach AA Form #1)			
	COLLEGE/SCHOOL							
		APPLICANT NAM	E AND EDU	CATIONA	L INFOR	MATION		
APPLICANT NAME:				SSN:			JNumber:	
INSTITUTION(S	) OF HIGHER EDUC	CATION ATTENDED:						
	NAME OF INST	ITUTION		DEGREE	YEAR A	WARDED	MAJOR	
		RECOMMEN	DED TERM	S OF APPO	DINTME	NT		
RANK: SALARY   Tenure Track 9 Month   One Year Only   Non-Tenure Track   12 Month   One Semester Only				EFFECTIVE DATE OF APPOINTMENT: YEAR(S) CREDIT TOWARD TENURE/PROMOTION: (Faculty Handbook Chapter 3, Section 11.4.2)				
		COM	PLETED FII	E CHECK	ТІСТ			
If yes, the exce	tion of Chair:	urriculum Vitae: Dean's Letter of Re	USA Faculty commendation, <i>in</i> Letter #3	Consent Form <i>acluding terms</i> Official Tra	:	-		e 🗌
			APPRC	<u>OVALS</u>				
CHAIR (includes of	certifing English Lang	uage Proficiency)	DATE	DEAN (ind	cludes certi	fing English	Language Proficiency	DATI
EVP & Provost			DATE	PRESIDE	NT			DAT