



Request for Secondary Appointment

Instructions: The Department/School requesting the secondary appointment should initiate this form. The appointment requires approval by the majority of the REGULAR FACULTY in the secondary unit. This completed form, the candidate's CV, and the vote in MEMO or DF 15 format must be sent to facultyaffairs@miami.edu after approval of the respective Chair(s) and Dean(s) has been obtained.

If this appointment is to be terminated, please forward appropriate notification to the Dean of the primary School/College and to the Office of Faculty Affairs.

Faculty Full Name: _____ Rank: _____

Primary Department (if applicable): _____

Primary School/College: _____

Secondary Department (if applicable): _____

Secondary School/College: _____

Contribution to Secondary Department:

If this is a term appointment, please note expiration date: _____

Secondary Department/School Approval

Chair (if applicable)

_____ Print Name	_____ Signature (Click on box above and sign with your digital ID)	_____ Date
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Dean

_____ Print Name	_____ Signature (Click on box above and sign with your digital ID)	_____ Date
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Primary Department/School Approval

Chair (if applicable)

_____	_____	_____
Print Name	Signature (Click on box above and sign with your digital ID)	Date

Dean

_____	_____	_____
Print Name	Signature (Click on box above and sign with your digital ID)	Date

Office of Faculty Affairs Approval

Vice Provost

_____	_____	_____
Print Name	Signature (Click on box above and sign with your digital ID)	Date