



Department Checklist for
Faculty Appointment

Name: _____

Proposed Rank: _____

Department: _____

Anticipated Start Date: _____

RECEIVED FROM DEPARTMENT :

- | | |
|---|--|
| 1. Checklist | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 2. Review Sheet | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 3. Chair Letter
(see attachment _____) | YES <input type="checkbox"/> NO <input type="checkbox"/> |
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