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.

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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:	JNumber:	
INSTITUTION(S) OF HIGHER EDUC	CATION ATTENDED:							
	NAME OF INST	ITUTION		DEGREE	YEAR A	WARDED	MAJOR		
		RECOMMEN	NDED TERM	S OF APPO	DINTME	NT			
RANK:			SALARY:			FFECTIVE F APPOINTN			
Tenure Tr			Only ester Only	Continuing	TENU	(S) CREDIT T RE/PROMOTI culty Handboo			
		COM	PLETED FII	LE CHECK	LIST				
Biographical I Recommendat	tion of Chair:	urriculum Vitae:	USA Faculty	Consent Form	:	-	ffirmative Action Form:		
If yes, the exce	m Needed? Yes No			Official Tra	-	Bachelor File Check Date:		e 🗌	
			APPRO	OVALS					
CHAIR (includes of	certifing English Lang	uage Proficiency)	DATE	DEAN (ind	cludes certi	fing English	Language Proficiency	DAT	
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EVP & Provost			DATE	PRESIDE	NT			DAT	