School of Medicine & Health Sciences
REQUEST TO APPOINT

For Teaching, Research or Academic Professional Position
(A formal offer may be made as soon as this approved form has been returned).

Department: _____ College: School of Medicine

Name of Person Recommended: _____

Rank or title to be Offered: _____ Position #: _____

Period and dates of appointment: _____

Total Salary $ _____	Source of Funds	Accounting Code	Amount

Duties to be performed (if split appointment, indicate percent of appointment by department/unit and specific duties in each department/unit):

Recommended appointment Status ☐ Probationary ☐ Tenured ☐ Special

Years' credit toward tenure for previous experience if recommended: Explain:

Has this person ever been employed by UND? If yes, state dates and position:

English language profieciency:

☐ Verbal and written English skills suitable for classroom instruction. Describe verifications: (i.e., from correspondence, interview, etc:): _____

Interview and written application materials.

☐ Remediation in English language proficiency planned. Explain:

Note: *Please attach one copy of the* ***drafted letter of understanding*** *and* ***preferred candiate's creditentials*** *, including* ***curriculum vita, letters of recommendation, official transcripts, etc*** *. in addition, please include attachments according to* ***AAO 14 point checklist*** *. All applicant files must be forwarded to the Affirmative Action Office with the* ***Request to Appoint.***

RECOMMENDED BY:

Department Chairperson	Date	Dean	Date

APPROVAL SIGNATURES:

Affirmative Action Office	Date	Budget (Review only)	Date

President	Date

File Copies Distributed to: 1. Department 2. Dean 3. AAO

AAO 7/09