



**School of Medicine & Health Sciences
REQUEST TO APPOINT**



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

Department: _____

Name of Person Recommended: _____

Rank and/ or title to be offered: _____ Position No: _____

Period and dates of appointment: _____

Total Salary \$	Source of Funds	Fund/Dept/TCC	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 proficiency:

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

Remediation in English language proficiency planned. Explain: _____

*Note: Please attach three copies of the **drafted letter of understanding** and **preferred candidate's credentials**, 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 Affirmative Action with **Request to Appoint**.*

Recommended By:

_____	_____	_____	_____
Department Chair	Date	Dean	Date
Approval Signatures:			

_____	_____	_____	_____
Affirmative Action	Date	Budget (Review Only)	Date

_____	_____
President	Date