



VASSAR COLLEGE – DEAN OF THE FACULTY OFFICE
REQUEST FOR APPOINTMENT FORM

DEPARTMENT: _____

CV ATTACHED

NAME: _____
(must be legal name)

DATE OF BIRTH: _____

ADDRESS: _____

EMAIL: _____

(Cell)
PHONE (Home): _____

TITLE: _____

FULL-TIME:

PART-TIME:

COURSES TO BE TAUGHT: _____, _____, _____, _____, _____

TOTAL UNITS: _____

CONTRACT DATES:

Year(s) _____ Semester(s): _____

New Position: _____ Replacement for: _____

OFFICE SPACE THAT HAS BEEN IDENTIFIED FOR USE: _____

_____ No Need _____

SIGNED _____
DEPARTMENT CHAIR/PROGRAM DIRECTOR

PLEASE NOTE: ITEMS IN CAPS & BOLD MUST BE COMPLETED BEFORE SENDING TO THE DEAN'S OFFICE. A CV MUST BE ATTACHED FOR NEW HIRES.

This area for DoF Office use only

NEW HIRE: __ REHIRE: __ SALARY: _____ COMPLETED PH.D. AMT: \$ _____

START-UP: \$ _____ MOVING ALLOWANCE: YES \$ _____ NO

REGULAR TENURE CONTRACT: _____ ADVANCED TENURE CONTRACT: _____

ACADEMIC SUFFRAGE:

AAUP: _____ AAUP NOTES: _____ IPED'S: _____ IPED'S NOTES: _____

CONTRACT LENGTH:

SPECIAL COMMENTS:

Approved By: _____