



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: \_\_\_\_\_