Office of Faculty Affairs

College of Medicine

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*The University of Arizona*

*College of Medicine*

**Request for a Joint Faculty Appointment**

Faculty Member’s Name:

|  |  |
| --- | --- |
| Primary Appointment Information (Current) | Secondary Appointment Information (New) |
| Title: | Title: |
| Department: | Department: |
| Effective date: | Effective date: |

Description of Candidate’s Participation in the Secondary Department:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Member’s Signature/Date

|  |  |
| --- | --- |
| *PRIMARY DEPARTMENT**Department Chair/Equivalent Signature Date* | *SECONDARY DEPARTMENT**Department Chair/Equivalent Signature Date* |

Submit this signed form and current CV to COM Office of Faculty Affairs