

## FACULTY APPOINTMENT

Process this form for all faculty appointments except rollovers. A contract will not be issued unless the following items are submitted with this form:

- Curriculum vitae
- Transcripts (highest degree earned – must have original)\*\*
- Statement of expectations/Job description
- Letters of recommendation (if requested)
- Reference checks (Explanation: note caller, date, and substance of discussion)
- Completed hiring form for non-advertised positions (if position was not posted)

1. Department \_\_\_\_\_ 2. SAP Cost Center \_\_\_\_\_ 3. Comp. #: \_\_\_\_\_

4. Name: \_\_\_\_\_ 5. WCU ID#: \_\_\_\_\_ (rehires only)

6. Primary Work Location: \_\_\_\_\_ 7. Courses to be taught: \_\_\_\_\_

### 8. Appointment Information:

Recommended Rank & Step: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Dean's Authorization: Rank and Step \_\_\_\_\_ Dean's Initials: \_\_\_\_\_

Tenure Track	Fall _____ (cr. hrs.)	First _____ (cr. hrs.)
Temporary	Winter _____ (cr. hrs.)	Second _____ (cr. hrs.)
Rehire	Spring _____ (cr. hrs.)	Third _____ (cr. hrs.)
Regular Part Time		

9. Sessions Information: Full semester Session 1 Session 2 Dynamic Dating: \_\_\_\_\_

10. Chair's Certification of Department Vote: I certify that a department vote was held: \_\_\_\_\_ (Chair's Initials)

11. English Fluency in Higher Ed Act Certification: Approval by the Academic Department certifies that the candidate meets department criteria regarding fluency in the English language as required by law. The certification is based on:

Personal Interview	Observation	Publications
Professional presentation	Other (specify) _____	

12. Reason for Appointment: Enrollment driven Replacement of Faculty Member

If Replacement:

Name of Faculty Replaced: \_\_\_\_\_ Reason for Replacement: \_\_\_\_\_

Search Chair \*

Date

Dean

Date

Department Chair \*

Date

Provost

Date

(TT and RPT hires only)

\* By signing, Chair is confirming degree held matches required degree

\*\* International degrees require equivalency evaluation