

ADJUNCT FACULTY WITHOUT SALARY: NEW APPOINTMENT or REAPPOINTMENT

**To retain active email between change of appointments/rehire, contact IMS to grant a short grace period.

Effective Date: (MM-DD-YYYY) _____ through August 31st _____ (Year)

Requesting Department: Name & ID#: _____

Department Contact Name and Phone #: _____

Faculty also serves as Adjunct without salary in the Dept of & Dept ID: _____

APPOINTEE INFORMATION: COMPLETED BY APPOINTEE (NEW) CONFIRMED BY APPOINTEE (REAPPOINTMENT)

Name: _____ Terminal Degree(s): _____ DOB: _____
(Last, First, Middle Initial) (DDS, MD, PhD, PharmD, MS, etc.) (MM-DD-YYYY)

Full Mailing Address: _____

Email: _____ Phone #: _____

Citizenship Status: US Citizen Lawful Permanent Resident Other: _____

Optional Responses: Gender \longrightarrow Female Male I elect not to respond

Hispanic Origin (Check one): \longrightarrow Hispanic or Latino Origin Not Hispanic or Latino Origin I elect not to respond

Race (Check one or more): \longrightarrow White Black or African American Native Hawaiian or Other Pacific Islander

\longrightarrow Asian American Indian or Alaskan Native Other: _____

\longrightarrow I elect not to respond

APPOINTMENT INFORMATION: (TO BE COMPLETED BY DEPARTMENT)

Faculty Title: ADJUNCT \longrightarrow Assistant Professor Associate Professor Professor

Teaching role of appointee will include: (Mark all that apply toward evaluation/reappointment.)

- Clinical teaching activities with residents and/or students (non HSC related patients).
- Presentation of lectures to faculty, residents, and/or students.
- Elective rotations or practicum opportunities for residents and/or students.
- Research and/or teaching activities with faculty, residents and/or students.
- Participation in department or division meetings/hospital conferences/consults.
- Academic achievements (publications with UT faculty).
- Other activity not listed, please specify: _____

ATTACHMENTS Required for ALL Appointments:

- [President's Letter](#) (Original – Update all sections. Submit with all NEW & all REAPPOINTMENT requests.)
- Only if active Military, letter from Commanding Officer (Original)

ATTACHMENTS Required for ALL New Appointments:

- [Curriculum Vitae Verification Form](#) - Signed and dated. (Copy)
- Curriculum Vitae – Contains all required items on [CV Checklist](#). (Copy of CV)
- Original Transcript issued to department or official transcript exception. Copy attached, with translation and verification of foreign transcript. Name affidavit showing any and all name variations.
- Criminal Background/Sanction Check performed and Clearance received. (Copy)

APPROVAL SIGNATURES AND DATES:

Department Chair: _____ Date: _____

Dean: _____ Date: _____

President: _____ Date: _____