

THE UNIVERSITY OF TEXAS
SOUTHWESTERN MEDICAL CENTER AT DALLAS

REQUEST FOR INITIAL APPOINTMENT/TERMINATION OF UNPAID FACULTY

| | | | | | | |
|-------|--|------------|-------------------|-----------|---------------------|-----------|
| M.D. | | FIRST NAME | MIDDLE GIVEN NAME | LAST NAME | SOCIAL SECURITY NO. | |
| Ph.D. | | | | | | |
| Mr. | | | | | DEPARTMENT | DEPT. NO. |
| Mrs. | | | | | | |
| Ms. | | | | | | |

OFFICIAL TITLE (SEE REVERSE SIDE FOR APPROPRIATE TITLE) _____

EFFECTIVE DATE OF APPOINTMENT _____

NAME OF AFFILIATED INSTITUTION WHICH WILL PAY SALARY (IF APPLICABLE) _____

REASONS FOR RECOMMENDING THIS APPOINTMENT:

- Will be responsible for teaching courses in _____
- Will have clinical teaching responsibilities _____
- Will have other occasional lectures _____
- Other _____

REASON FOR TERMINATION _____

TERMINATION DATE _____

NAME OF PERSON PREPARING FORM _____

DATE _____

DIVISION CHAIRMAN

DEPARTMENT CHAIRMAN

DEAN