

Request for
TRANSFER OF PRIMARY APPOINTMENT
Case Western Reserve University School of Medicine
All materials to: Office of Faculty Affairs and Human Resources
School of Medicine, W171, location code 4915
Fax: 216/368-3013

MS Word Export To Multiple PDF Files Software - Please purchase license. Faculty member: _____

First name

Middle initial

Last name

Degree

Currently in the department of _____
(including location/affiliated hospital, if applicable)

As (academic rank and tenure status) _____

Requests transfer to department of _____
(including location/affiliated hospital, if applicable)

Application Check List

(see **Faculty Appointments, Promotions and Tenure Procedures Manual** for more detail)

<http://casemed.case.edu/facultyaffairs/>

- Request for transfer (letter to the dean from chair of the department to which the faculty member wishes to transfer). This letter should explain the basis for the requested transfer.
- Written verification that former chair has been notified of the planned change.
- Faculty member's concurrence with the proposed transfer (and with change in meaning of tenure if applicable).
- Affirmative vote of the new primary department committee on appointments, promotions, and tenure
- Faculty member's curriculum vitae