

NEW JUNIOR LEVEL FULL TIME FACULTY  
CASE WESTERN RESERVE UNIVERSITY  
SCHOOL OF MEDICINE  
APPLICATION COVER SHEET

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Sex: F M Birth date: \_\_\_\_\_ Immigration Status: \_\_\_\_\_

Home address and phone number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office address and phone number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary work email address: \_\_\_\_\_

**Please complete:**

Proposed - Rank \_\_\_\_\_  
Tenure Status \_\_\_\_\_  
Start Date \_\_\_\_\_  
Department \_\_\_\_\_  
Dept. No. \_\_\_\_\_

**Clinical Department only – please choose the last sentence to appear with the salary paragraph in the remarks section of the appointment form:**

- \_\_\_ For this appointment period, your entire compensation will derive from non-University funds.
- \_\_\_ For this appointment period, the portion of your salary from University funds shall not exceed \$\_\_\_\_\_.

**Application Check List**

- \_\_\_ chairman’s description of relationship of the proposed faculty appointment to the department’s academic strategy
- \_\_\_ explanation of financial resource support (Request for Approval of Faculty Appointment/Salary form)
- \_\_\_ copy of the letter of offer (stating “Before becoming effective, this appointment must be approved by the University’s Board of Trustees in accordance with the policies of Case Western Reserve University.”)
- \_\_\_ department committee vote (for all ranks)
- \_\_\_ curriculum vitae
- \_\_\_ proof of terminal degree (photocopy of diploma or letter of verification from degree-granting institution)
- \_\_\_ **three** letters of reference
- \_\_\_ affirmative action approval