

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

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

SSN: \_\_\_\_\_ Sex: F M

Birth date: \_\_\_\_\_

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

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

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

**Please complete:**

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

**Application Check List**

- \_\_\_ explanation of financial resource support (Request for Approval of Faculty Appointment/Salary form)
- \_\_\_ department committee vote (for Clinical/Adjunct Assistant Professor rank and above only)
- \_\_\_ curriculum vitae

An appointment form will be printed and forwarded to the department.