

**NEW SECONDARY FACULTY  
CASE WESTERN RESERVE UNIVERSITY  
SCHOOL OF MEDICINE  
APPLICATION COVER SHEET**

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

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

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

**Please complete:**

Proposed -	Rank	_____
	Start Date	_____
	Department	_____
	Dept. No.	_____

**Application Check List**

- \_\_\_ a letter from the candidate to the chairman of the department of the secondary appointment requesting consideration for a secondary appointment
- \_\_\_ a letter from the chairman of the department of the secondary appointment to the dean supporting this request
- \_\_\_ a letter of concurrence from the home department chairman supporting this request
- \_\_\_ a curriculum vitae
- \_\_\_ a description of the candidate's previous interaction with the full-time faculty of the department where secondary appointment is requested, its educational programs, and/or future plans for scientific-educational interactions

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