PROPOSED SENIOR LEVEL
ADJUNCT OR CLINICAL FACULTY APPOINTMENT
SCHOOL OF MEDICINE
as **Associate Adjunct/Clinical Professor or Adjunct/Clinical Professor**

**A. Candidate**: _____
First name Middle initial Last name

Social security number (for faculty identification): _____

**B. Proposed for appointment as**_____(academic rank)

**In the department of** _____

**C. Application Checklist**:

- ❑ Nominating letter from the department chair and addressed to the dean, including an explanation of the candidate's role in the department and the sources of financial support, if applicable;
- ❑ Offer letter from department chair to candidate spelling out the candidate's responsibilities that justify the appointment;
- ❑ Report from the department or system committee on appointments, promotions, and tenure, signed by the committee chair and dated, that reports the meeting date and a numeric vote regarding the proposed appointment. Votes must be in accord with committee members' voting privileges by rank.
- ❑ Candidate's *curriculum vitae* and bibliography, listing past and present research support, if any;
- ❑ Optional self-description by the candidate of his or her professional activities, maximum length 2 pages. May be attached to CV.
- ❑ 4 to 6 letters from referees (along with email addresses) who are well-positioned to evaluate the nominee's potential for making significant contributions to teaching and/or research programs in the department and the school of medicine; at least 2 of these letters must be from persons who are not connected with CWRU as either faculty, student, or resident.
- ❑ If applicable, salary responsibility information, i.e., a CWRU-School of Medicine request for approval of faculty appointment salary form