

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

Name: _____

SSN: _____

Primary work email address: _____

Please complete:

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

Application Check List

- ___ a letter from the chairman to the dean requesting the visiting appointment
- ___ a curriculum vitae
- ___ Affirmative Action approval for a Short-Term Visiting Appointment