## Marquette University Faculty

## **RECOMMENDATION FOR APPOINTMENT**

Candidate Name (Title):				New Hire o	or Reappoin	tment or Courtesy (circleone
School/College:	Recommended Rank: Effective date of Appointment:					
Department:						
Status and Salary:	Full-Time Reco Part-Time Reco OR \$	mmendeo ommende	d Salary:\$ d Salary:\$ for	# hours	on for per week	(9) or (12) month basis # of credits month basis
Source of salary funds:						
Are <b>moving expenses</b> in NoYes, up to \$			Account Nu	mber		
If <b>start-up expenses</b> ar account number and ju		l, please p	provide an atta	achment detailir	ig the dollar	amount, annual distributior
Department Chair: Signature:				Date:		
Recommendation:						
Dean:						
Signature:				Date:		
Recommendation:						
Vice Provost for Resea	rch/Graduate Sc	hool Dear	n (if research,	grant funding or	graduate te	eaching implications):
Signature:				Date:		
Office of the Provost:						
Signature:				Date:		
Timebound Date:						
Third Year Review Date:		(Initial)	or NA			
Third Tear Neview Date.		(Initial)				Rev. 5/04/2020