

Marquette University Faculty
RECOMMENDATION FOR APPOINTMENT

Candidate Name (Title -Mr. Ms. Dr.): _____ New Hire or Reappointment or Courtesy (circle one)

School/College: _____ Recommended Rank: _____

Department: _____ Effective date of Appointment: _____

Status and Salary: Full-Time Recommended Salary: \$ _____ on _____ (9) or (12) month basis
Part-Time Recommended Salary: \$ _____ for _____ # of credits
OR \$ _____ for _____ # hours per week _____ month basis

Source of salary funds: _____

Are **moving expenses** recommended?

No _____ Yes, up to \$ _____ Account Number: _____ - _____ - _____

If **start-up expenses** are recommended, please provide an attachment detailing the dollar amount, annual distribution, account number and justification.

Department Chair:

Signature: _____ Date: _____

Recommendation:

Dean:

Signature: _____ Date: _____

Recommendation:

Vice Provost for Research/Graduate School Dean (if research, grant funding or graduate teaching implications):

Signature: _____ Date: _____

Office of the Provost:

Signature: _____ Date: _____

Tenure Review Date:

(Initial)

Third Year Review Date:

(Initial)