

MARQUETTE UNIVERSITY SUMMER STUDIES FACULTY APPOINTMENT FORM

Summer Term 20_____

N.B. This form is to be used for (a) all visiting summer studies faculty and (b) regular part-time members of the faculty who have not taught during the 12-month period preceding the summer module for which they are being appointed.

Title (i.e. Dr., Mr., Ms.) _____

Name _____ Soc. Sec. Number _____
(Last) (First) (Middle Initial)

School/College/Program _____ Department _____

Recommended Equivalent Summer Rank _____

- a) Visiting Faculty: New appointment or Reappointment (check one).
If reappointment, is equivalent rank being changed? Yes No
- b) Regular Part-time Faculty: Has equivalent rank been previously assigned? Yes No

Recommended Summer Teaching Assignment:

- a) Course Number, Title _____ Module 1 2 3 4 5 6
- b) Course Number, Title _____ Module 1 2 3 4 5 6

Recommended Salary: _____ credits @ \$ _____ per credit hour
or \$ _____ per course

Immigration and Reform Law: Form I-9 and documentation enclosed: Yes No

If no, what date will it be completed and sent to Summer Studies? ____ - ____ - ____

(I-9 must be completed within 72 hours of start date.)

Department Chair:

Signature _____
Date _____

Dean:

Signature _____
Date _____

Graduate School Dean: (If full-time status only)

Signature _____
Date _____

Summer Studies Director:

Signature _____
Date _____

Office of the Provost:

Signature _____
Date _____
