

# 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 \_\_\_\_\_

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Dean:

Signature \_\_\_\_\_  
Date \_\_\_\_\_

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

Signature \_\_\_\_\_  
Date \_\_\_\_\_

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Summer Studies Director:

Signature \_\_\_\_\_  
Date \_\_\_\_\_

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Office of the Provost:

Signature \_\_\_\_\_  
Date \_\_\_\_\_  
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