

NAME: \_\_\_\_\_

Date: \_\_\_\_\_  
 Citizenship: \_\_\_\_\_  
USA \_\_\_\_\_  
Other (specify) \_\_\_\_\_  
Visa Type \_\_\_\_\_

**Authorization to offer appointment to**

Proposed by: School \_\_\_\_\_  
Department \_\_\_\_\_

Approved by: Department Committee or Chair \_\_\_\_\_ Date: \_\_\_\_\_  
School Personnel Committee or Chair \_\_\_\_\_ Date: \_\_\_\_\_

Forwarded by: Dean or Dean's Representative \_\_\_\_\_ Date: \_\_\_\_\_

**PRESENT POSITION:** (Leave blank for persons not presently affiliated with the University of Pennsylvania)

Dates: \_\_\_\_\_ Title: \_\_\_\_\_

Faculty Status: \_\_\_\_\_ Standing Faculty \_\_\_\_\_ Associated Faculty \_\_\_\_\_  
Salary Status: \_\_\_\_\_ Full Salary \_\_\_\_\_ Partial Salary \_\_\_\_\_ No Salary \_\_\_\_\_  
 Salary Source: \_\_\_\_\_ Dept. budget A-2 \_\_\_\_\_ Grant(s) \_\_\_\_\_ Clinical Group \_\_\_\_\_  
\_\_\_\_\_ A-1 budget \_\_\_\_\_ Other (specify) \_\_\_\_\_

Tenure Status: (with dates) \_\_\_\_\_

**PROPOSED POSITION:**

Dates: \_\_\_\_\_ Title: \_\_\_\_\_

Faculty Status: \_\_\_\_\_ Standing Faculty \_\_\_\_\_ Associated Faculty \_\_\_\_\_  
Salary Status: \_\_\_\_\_ Full Salary \_\_\_\_\_ Partial Salary \_\_\_\_\_ No Salary \_\_\_\_\_  
 Salary Source: \_\_\_\_\_ Dept. budget A-2 \_\_\_\_\_ Grant(s) \_\_\_\_\_ Clinical Group \_\_\_\_\_  
\_\_\_\_\_ A-1 budget \_\_\_\_\_ Other (specify) \_\_\_\_\_

Tenure Status: (with dates) \_\_\_\_\_

**FACULTY APPOINTMENT HISTORY:** (at the University of Pennsylvania)

Dates Title and Department Affiliation/Salary Status

**PSC ACTION TAKEN:** Date of Provost's Staff Conference: \_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Conditionally Approved \_\_\_\_\_

Other \_\_\_\_\_