

UNIVERSITY OF SOUTHERN CALIFORNIA

RECOMMENDATION FOR APPOINTMENT

DATE: _____

School _____

Second School _____

Department _____

Second Dept. _____

Triple Dept. _____

NAME _____

Terminal Degree _____ Date _____ Institution _____

Proposed Rank and Title _____ With Tenure? _____
(indicate if appointment is Visiting, Clinical, Research, etc.)

- Full Time
- Part Time

- Fiscal Year
- Academic Year

- Fall Semester Only
- Spring Semester Only

Title of concurrent administrative appointment, if any _____

Present Position _____ With Tenure? _____

Institution _____

First Term at USC to begin _____

Number of years accumulated towards tenure at other institutions _____

Date of Mandatory Decision on tenure at USC _____

Name of mentor(s) initially designated for career oversight of junior faculty:

Contact Information _____
(Phone) *(Email address)*

Dept. Chair _____ Date: _____

Dept. Chair _____ Date: _____
(if dual appointment)

Dept. Chair _____ Date: _____
(if Triple appointment)

Dean _____ Date: _____

Dean _____ Date: _____
(if joint appointment)

President _____ Date: _____