Transmittal for New Named Faculty Appointment

## Do **NOT** use this form for renewal of an existing Named Faculty Appointment.

Today’s Date:

Name:

College:

Department:

Named Appointment Title:

Appointment Type:

[ ]  Departmental

[ ]  College

[ ]  Campus/University

Current Illinois Faculty Member:

[ ]  Yes

[ ]  No, External Candidate

Does this Faculty Member currently hold a Named Appointment?

[ ]  Yes

[ ] No

Effective Date:

Term of Appointment:

Renewable?

[ ]  Yes

[ ] No

**Total Annual Funding**: $

Of the total funding, provide the portion allocated to the following (only where applicable):

* Discretionary Funds: $
* Salary Supplement/Stipend: $
* Toward Base Salary: $

## APPROVALS:

Unit Executive Officer Signature: 

Date:

Typewritten Name:

College Dean Signature: 

Date:

Typewritten Name:

Provost/Designee Signature: 

Date:

## Required Attachments

1. Completed Transmittal form
2. Dean’s memo/letter supporting the case
3. Unit Executive Officer’s memo/letter
summarizing the case, including:
	1. Prerequisites of the named appointment
	2. Description of the process used for
	selection
	3. Case for distinction
4. Current curriculum vitae
5. Summary of qualifications of external
authorities
6. Letters from distinguished external
authorities

## Provost Office Use

**Route Approval to**

* Unit EO:
* Unit EO Staff:
* College Dean:
* College Dean Staff:
* Provost’s Office:
* Others:

Appointment Expiration Date: