



FACULTY OPPORTUNITY FUND

We are requesting university assistance for:

Name of faculty member: _____

Department/School: _____

Current or proposed rank and title: _____

Please select one:

NEW FACULTY RECRUIT

*Note: funding is only available for faculty members newly recruited within the past six months.

Proposed academic base salary of faculty member: _____

Anticipated appointment date of recruited faculty (if applicable): _____

RETENTION OF EXISTING FACULTY

*Note: funding is only available for existing faculty members being retained in response to an outside offer.

Incremental increase in academic base salary: _____

Outside institution making competing offer: _____

CHECKLIST OF OTHER INFORMATION

Attach CV of the faculty member being recruited/retained.

Please provide a memo stating the reason(s) for the request. In particular, please describe how the particular qualifications and strengths of the faculty member will/does enhance the academic excellence, breadth, and diversity of the faculty.

SCHOOL APPROVALS

Signature of DEPARTMENT CHAIR/ASSOCIATE DEAN Date

Signature of DEAN Date

PLEASE RETURN THE COMPLETED FORM AND ATTACHMENTS TO

The Office of Academic Affairs (FAPD)

For Internal Use

Signature of Vice Provost for Faculty Date

Signature of Chief of Academic Finance and Planning Date

Signature of Provost Date