

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*