Date

Name

Address

Address

Dear Name:

Our recommendation has been approved to appoint you as affiliate Choose an item. in the Choose an item. of **[INSERT NAME OF DEPARTMENT/SCHOOL]**, within the College of **[INSERT NAME OF COLLEGE]**, effective **[INSERT EFFECTIVE DATE]**. It is understood that this appointment will terminate one year from the date of appointment.

An affiliate appointment does not carry with it any commitment for compensation or any specific proportion of time that you will participate in any particular semester or session. We will agree in advance of any assignment requiring compensation, because any such agreement requires the approval of the dean and the provost. An affiliate appointment does not involve tenure or tenure rights.

Sincerely,

Chair/director

C: Dean

Provost

I accept the terms of appointment as stipulated in the above letter of offer.

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Signature Date

C Provost

Dean