COLLEGE OF ARTS AND SCIENCE
SECONDARY APPOINTMENTS FORM

Faculty Member: _____

Effective Date of Secondary Appointment: _____

Proposed Length of Secondary Appointment (3 years maximum): _____

Participating Departments/Programs:

Primary: _____ Secondary: _____

Type: ☐ Secondary ☐ Secondary -Teaching ☐ Secondary- Limited Voting Rights

For Secondary appointments with Teaching Obligations:
List teaching obligations (at least two courses over a 3-year term)

For Secondary appointments with Limited Voting Rights:
List service and/or teaching obligations, and other expectations relating to division of responsibilities

Approvals (electronic signatures)

_____
Faculty Member Signature / Date

_____
Primary Department Chair/Program Director Signature / Date

_____
Secondary Department Chair/Program Director Signature / Date

----------Dean's office use----------

_____
Secondary Dean's/Dean's Designee's Signature / Date *(to be obtained by CAS Dean's office as applicable)*

_____
CAS Dean's/Dean's Designee's Signature / Date

Upon a positive vote by the faculty, the Chair/Director of the Secondary Department/Program should email this .pdf form and the faculty member's cv (.pdf) to CASsecondary@vanderbilt.edu to request the appointment.