

Coordinator Appointment Form

Title (Dr/Mr/Ms) _____ First Name: _____ Last Name: _____

Department: _____

Program: _____

Recommended Length of Term: (Yearly Obligation is from August 15th-May 31st)

1 Year _____ 2 Year _____ 3 Year _____ Dates of Appointment _____

Approved Compensation for Yearly Obligation: Course Release/Year _____ Stipend _____

Duties and Responsibilities: (attach separate sheet if needed)

(Coordinator Signature)

(Date)

(Department Chair's Signature)

(Date)

(Dean's Signature)

(Date)

(Provost's Signature)

(Date)

C: Human Resources