

**UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE
REQUEST FOR SECONDARY APPOINTMENT**

Date: _____

Name of Candidate: _____ Current Rank: _____

Contribution to Secondary Department:

Is this a term appointment? If yes, please note expiration date: _____

**Secondary Approval at (Medical Campus Department, or
Gables Campus School/College):** _____

Department Chair Name (print): _____

Department Chair Signature: _____

Dean (if originating from Coral Gables Campus): _____

**Primary Approval at (Medical Campus Department, or
Gables Campus School/College):** _____

Department Chair Name (print): _____

Department Chair Signature: _____

Dean (if originating from Coral Gables Campus): _____

Faculty Affairs Approval:

Senior Associate Dean, Faculty Affairs Signature: _____

Vice Provost for Faculty Affairs Signature: _____

Instructions:

1. The Secondary/Primary Department must complete this form.
2. Departments are responsible for obtaining the approval of the respective Deans and Chairs.
3. Attach a copy of the candidate's updated curriculum vitae (UM format).
4. Attach the DF15 from the Secondary Department's vote for the candidate.
5. After appropriate signatures have been acquired, send the completed file to the Office of Faculty Affairs for the Senior Associate Dean's approval. Faculty Affairs is located at RMSB Suite 1124, Locator Code D2-6.
6. If this appointment is to be terminated, please forward appropriate notification to the Dean of the primary School/College, and to the Office of Faculty Affairs.