*The University of Arizona College of Medicine – Phoenix*

**Request for a Second/Joint/Cross Faculty Title**

**Faculty member:**

|  |  |
| --- | --- |
| Primary Appointment Information (Current) | Secondary Appointment Information (New) |
| College: | College: |
| Title: | Title: |
| Department: | Department: |

**Description of faculty’s participation in the additional department:**

Signature Date

|  |  |
| --- | --- |
| *PRIMARY DEPARTMENT*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department Chair  Date: | *SECONDARY DEPARTMENT*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department Chair  Date: |

Submit this signed form with a copy of current CV to:

The Office of Faculty Affairs and Career Development

[comphx-ofad@arizona.edu](mailto:comphx-ofad@arizona.edu)