*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 ChairDate:  | *SECONDARY DEPARTMENT*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department ChairDate: |

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

The Office of Faculty Affairs and Career Development

comphx-ofad@arizona.edu