

**NEW/REAPPOINTMENT ADJUNCT/ADJOINT FACULTY WITHOUT SALARY  
 APPOINTMENT FORM**

Date of Submission: \_\_\_\_\_

Department Name and ID#: \_\_\_\_\_

Department Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Name of Appointee: \_\_\_\_\_ Appointee DOB: \_\_\_\_\_  
(Last, First, Middle Initial) (Month, Date, Year)

Appointee Address: \_\_\_\_\_  
 \_\_\_\_\_ Appointee Phone Number: \_\_\_\_\_

Gender:  Male  Female  
 Citizenship Status:  US Citizen  Lawful Permanent Resident

**Appointment Effective:** Date:  through August 31<sup>st</sup>

**Appointment Title:**  Adjunct Assistant Professor  Adjunct Associate Professor  Adjunct Professor  
 Adjoint Assistant Professor  Adjoint Associate Professor  Adjoint Professor

New Appointment/Initial Year  Reappointment for Upcoming Fiscal Year  
(Complete Packet Attached)

The UT Health Science Center at San Antonio is currently adding and/or renewing appointments for the  Fiscal Year. As part of that process, please indicate service(s) to be contributed for the initial or current year (new appointments). In the 2<sup>nd</sup> column (reappointment only), check one or more of the activities listed to indicate the faculty's involvement in the HSC programs for the upcoming academic year.

**Initial**

**Year**  
 20

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**REAPPOINTMENT**

20

- 1. Clinical teaching activities to residents and/or students (non HSC related patients).
- 2. Presentation of lectures to faculty, residents, and/or students.
- 3. Offer elective rotations or practicum opportunities to residents and/or students.
- 4. Research and/or teaching activities with faculty, residents and/or students.
- 5. Participation in department or division meetings/hospital conferences/consults.
- 6. Academic achievements (publications with UT faculty).
- 7. Other activity/contribution not listed, please specify:

\_\_\_\_\_  
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ATTACHED (typed): *(For initial appointments only)*

- Biographical Data Sheet *(Original)*
- eCV (eTalus) *(Original)*
- President's Letter *(Original)*
- Original Transcript Received and Copy Attached, with verification if foreign
- Criminal Background/Sanction Check Performed and Clearance Received/copy attached

**ONLY IF APPLICABLE:**

- If Military, Letter from Commanding Officer *(Original)*

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SUBMITTED BY:

\_\_\_\_\_

Home Department Chair

Reviewed and Approved by Appropriate Dean: \_\_\_\_\_

Date

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Action of President  Approval \_\_\_\_\_

President Date

Original – Department  
Copy – Dean's Office