RESEARCH
UNIVERSITY OF MICHIGAN

UNIVERSITY OF MICHIGAN
AUTHORIZATION TO EXTEND OFFER
VISITING FACULTY - RESEARCH SCIENTIST TRACK

Candidate's Name:

Current Appointment:

School/College/Unit:

Proposed Appointment:

School/College/Unit:

Effective Date:

APPROVAL

Academic Associate Vice President for Research

Date:

Name:

Approval Signature:

Comments:

OVPR RFA Associate Vice President for Research

Date:

Name:

Approval Signature:

Comments:

Vice President for Research and Innovation

Date:

Name:

Approval Signature:

Comments: