RESEARCH
UNIVERSITY OF MICHIGAN

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TRANSFER REQUEST FORM
RESEARCH SCIENTIST TRACK

Action Request: Transfer of Research Scientist Appointment of a Faculty Member

Candidate Name:

Current Title:

Current School/College:

Proposed Title:

Proposed School/College:

Effective Date:

On the recommendation of the [Dean and the Executive Committee of the School of XX], and with the endorsement of the [XX School], we are pleased to recommend a transfer for [FACULTY NAME] from [TITLE, SCHOOL] to [TITLE, SCHOOL], effective [DATE].

[FACULTY MEMBER] earned a [DEGREE IN WHAT FROM WHERE]. [SUMMARIZE EDUCATION/CAREER].

RECOMMENDED BY:

[DEAN, SCHOOL SIGNATURE]

[DEAN, SCHOOL SIGNATURE]

RECOMMENDATION ENDORSED BY:

Vice President for Research and Innovation