RESEARCH
UNIVERSITY OF MICHIGAN

OFFICE OF THE VICE PRESIDENT FOR RESEARCH

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

Associate Vice President for Research

Name: _____ Date: _____

Approval Signature: _____

Comments: _____

OVPR RFA Associate Vice President for Research

Name: _____ Date: _____

Approval Signature: _____

Comments: _____

Vice President for Research and Innovation

Name: _____ Date: _____

Approval Signature: _____

Comments: _____