RESEARCH
UNIVERSITY OF MICHIGAN

OFFICE OF THE VICE PRESIDENT FOR RESEARCH

Transfer Request Form

Research Scientist Track

Candidate's Name: _____

Current Title: _____

Current School/College/Unit: _____

Proposed Title: _____

Proposed School/College/Unit: _____

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:

Current Dean, School

Name: _____ Date: _____

Approval Signature: _____

Proposed Dean, School

Name: _____ Date: _____

Approval Signature: _____

Recommendation endorsed by the Vice President for Research and Innovation

Name: _____ Date: _____

Approval Signature: _____