



Faculty Excellence

Courtesy Appointment Approval Form

Name of Appointee: _____ UCF Employee ID (if available): _____
 Current Affiliation: _____ Last Four Digits of SSN: _____
 Current Title: _____ Date of Birth: ____/____/____
 Sponsoring UCF Unit (Host Unit): _____ Personal Email Address: _____
 Title: Courtesy _____ (e.g., Assistant Professor, Research Associate, etc.)
 Date Appointment Expires (if less than 5 years): ____/____/20____

Name of Requestor/Sponsor (Host Unit): _____ Requestor/Sponsor's Employee ID: _____
 Phone Number: (____) _____-____ Email Address: _____

Brief Summary of Appointee's Qualifying Credentials (50 words or less):

Brief Description of Appointee's Duties (50 words or less):

Is graduate education participation expected in the host unit? Yes No
 If yes, mark the appropriate box below:
 Currently Graduate Faculty Scholar
 [Nomination and Appointment to Graduate Faculty and Graduate Faculty Scholars form](#) submitted to the College of Graduate Studies

Will the appointee be an instructor of record for credit-bearing courses? Yes No
 If yes, please submit an electronic teaching certification in the Faculty Qualifications Management System (FQMS) and complete a background check.

Will the appointee participate in or have access to any sponsored or non-sponsored research activity data?
 Yes No If yes, please provide the research account number, type of research and nature of data below.

Will the appointee be provided or have access to any system containing any export controlled, proprietary, confidential, or other information subject to any non-disclosure agreement? Yes No
 If yes, please provide a detailed description of access.

Approvals

Host Dept./Unit: (Chair or director)	_____	_____	_____
	Print Name	Signature	Date
Host Dept./Unit: (Dean or VP)	_____	_____	_____
	Print Name	Signature	Date
Provost or designee:	_____	_____	_____
	Print Name	Signature	Date