Summer Faculty Appointment Form
Session I  2003

School/College: ____________________________________________
Department: ____________________________________________

<table>
<thead>
<tr>
<th>Name (last name first)</th>
<th>Continuing*/ New/Adjunct</th>
<th>Social Security Number</th>
<th>Fac. Rank Code**</th>
<th>Phone Number (home)</th>
<th>Phone Number (office)</th>
<th>CRN No.</th>
<th>Course Nos. (s)</th>
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*Please be reminded that 12 - month faculty and some faculty on grants (summer) may not be compensated for teaching during the summer.

**Legend
101 = Professor
102 = Associate Professor
103 = Assistant Professor
104 = Instructor
105 = Lecturer

Signature: __________________________   Chair/Date

Signature: __________________________   Dean/Date

5/23/2003