



WILKES HONORS COLLEGE
Affiliate Appointment Nomination

Name: _____

Email Address: _____

Z# (if applicable): _____

FAU Affiliation & Supervisor (if applicable): _____

Faculty Sponsor: _____

Benefit to Wilkes Honors College: _____

APPOINTMENT INFORMATION

Proposed Academic Title (check one):

- | | |
|--|---|
| <input type="checkbox"/> Instructor | <input type="checkbox"/> Research Assistant |
| <input type="checkbox"/> Assistant Professor | <input type="checkbox"/> Research Scholar |
| <input type="checkbox"/> Associate Professor | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Professor | |

Academic Discipline: _____

Start Date: _____

End Date (required): _____

FAU Privileges (check all that apply):

- OWL card
- Library Use
- Parking Decal at Adjunct Rate
- FAU e-mail address
- Shared office space – in accord with space availability
- Lab space - in accord with University policy and space availability
- Supervise Honors College Theses
- Teach a course
 - Instructor of record Paid
 - Non-instructor of record Unpaid
- Other _____

Note: computer and phone service, clerical services, and participation privileges in departmental, college, or university governance **are not included.**