



WILKES HONORS COLLEGE
Affiliate Faculty Appointment Nomination Form

Nominee's 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):

- ___ Instructor ___ Associate Professor ___ Research Assistant
___ Assistant Professor ___ Professor ___ Research Scholar

Academic Discipline: _____

Proposed Start Date: _____

Privileges (check all that apply):

- ___ OWL Card
___ Library Privileges
___ 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
___ Supervise Student Research
___ Supervise Student Internships
___ Teaching Assignment

Course Information: _____

- ___ Instructor of record ___ Paid
___ Non-instructor of record ___ Unpaid

___ Other _____

Note: Computer, clerical, and phone services as well as participation privileges in departmental, college, or university governance are not included.