



Request for Faculty Position

This form is to be completed by the Department Chair or Program Director when seeking funding for a faculty position. Please complete a separate copy of this form for each position being requested. Recruitment for the desired position may not begin until a Faculty Position Approval Letter has been awarded. Please submit this completed "Request for Faculty Position" form via email to the Associate Dean for Academic Planning (colyercl@wfu.edu) and the Administrative Assistant to the Associate Dean for Academic Planning (brownal@wfu.edu). Or, if the position is being requested for research leave replacement, please submit this form together with the leave application materials.

Position Status:

Permanent:

OR

Temporary:

Full-time

Full-time ("Visiting")

Part-time

Part-time/Adjunct

Position Type:

Tenure-Track

Teaching Professional Track (incl. Teaching Professor, Professor of the Practice, Lecturer, Visiting Assistant Professor)

Teacher-Scholar Postdoctoral Fellow

Rank (if applicable):

Assistant

Associate

Full

Justification:

New Position

Enrollment Demands

Position Conversion

Replacement for Resignation

Replacement for Retirement

Replacement for Termination/End of Contract

Replacement for Reynolds Leave

Replacement for Junior Leave

Replacement for External/Internal Fellowship Leave

Replacement for Teaching Abroad/Away

Replacement for Personal/Unpaid Leave

Replacement for Parental/Medical Leave

Other (please explain)

Details - Please include: name of departing or leave seeking faculty member (if relevant); **number of courses** (if adjunct or part-time) or **annual course load** (if full-time), details of position conversion (if relevant), other reasons for need.

Desired Term:

Fall only

Spring only

Full Academic Year

Starting Date

**Estimated Costs for Office/Renovations/Furniture
(if relevant)**

**Estimated Start-Up (for tenure-track only, if
relevant)**

Justification for Office/Renovations/Furniture or Start-Up Costs

Requesting Department:

Submitted by (Chair or Director):

Program (if applicable)

Date Submitted:

For Dean of the College Use Only

Comments

Associate Dean for Academic Planning

Date

Comments

Assistant Dean for Finance & Administration

Date

Comments

Administrative Assistant to AD for Academic Planning

Date