**FACULTY APPOINTMENT APPLICATION**

**CAPT CHECKLIST**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Candidate’s Name:** | | | | | | | | **Department** | | | | | **Date** | |
| **Candidate’s Address:** | | | | | | | |  | | | | |  | |
| **Rank:** | | | **Type:** | | **Reason:** | | | **Focus: (Choose Only One)** | | | | | | |
| □ | **INSTRUCTOR** | | □ | **Standard** | □ | **Beaumont Employed** | | □ | | **Clinician-Investigator** | | | | |
| □ | **ASSISTANT** | | □ | **Tenure Track** | □ | **Meaningful Participation/Community** | | □ | | **Clinician-Educator** | | | | |
| □ | **ASSOCIATE** | | □ | **Tenured** | □ | **Oakland Employed** | | □ | | **Investigator** | | | | |
| □ | **PROFESSOR** | | □ | **Adjunct** |  |  | | □ | | **Clinician** | | | | |
|  |  | | □ | **Secondary** |  |  | | □ | | **Educator** | | | | |
|  |  | | □ | **Emeritus** |  |  | | □ | | **Librarian** | | | | |
| **Chair’s Comments** | | |
| Comments: | | |
| For additional Information, Contact:  The Office of Faculty Affairs at  [medfacaffairs@oakland.edu](mailto:medfacaffairs@oakland.edu)  or  (248) 370-3626 or (248) 370-370-3640 | |  | Date Received | | | | For FA Use Only: | | Yes | | No | Unanimous | |
| Recorded CAPT Vote | |  | |  |  | |
| CAPT Agenda Date | | | |

Faculty Affairs Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_