**UNIVERSITY OF MICHIGAN**

**AUTHORIZATION TO EXTEND OFFER - CURRENT U-M RESEARCH FACULTY  
ADDITIONAL JOINT APPOINTMENT**

**Candidate’s Name: [Name]**

**Current Appointment: [Current Primary]**

**School/College/Unit: [SCU + Effort]**

**Current Appointment: [Current Secondary - delete if not applicable]**

**School/College/Unit: [SCU + Effort]**

**Proposed Appointment: [Proposed Primary]**

**School/College: [SCU + Effort]**

**Proposed Appointment: [Proposed Secondary]**

**School/College: [SCU + Effort]**

**Effective Date: [Date]**

**APPROVAL**

**U-M Office of Research**

Date:

Approval:

Comments:

**Provost and Executive Vice President for Academic Affairs**

Date:

Approval:

Comments:

**President**

Date:

Approval:

Comments: