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| primaryBox Visiting Professor Offer Form |

**Instructions:** Please consult with the Provost before making a final offer to any candidate. Once the position is accepted please use this form to confirm all details of the offer and forward to Academic Affairs.

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| Candidate Name:       | Department:        |
| Candidate’s Current Mailing Address:       | Date PhD received:       |
| Department Salary Range, Lowest:      Highest:      | If ABD, date PhD expected:       |
| **Terms of Offer** |
| Rank: [ ]  Assistant Professor    [ ]  Associate Professor |
| Salary (must be within advertised range and divisible by 12): $       |
|   |
| **Additional Incentives** |
|       |
| **Special Conditions** |
|       |
|  |   |  |
|  |  |  |
| Dean’s Signature |  | Date |
| Provost’s Signature |  | Date |

Letter Sent (FA Initial) \_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Affairs 12/2014