

VOLUNTEER FACULTY APPOINTMENT INFORMATION SHEET

Candidate's Name:

Primary Dep	partment:		
Requested Rank:		, volunteer, non-tenure track	
Thi	s is a(n):		
Effecti	ve Date:	to	
Appointment is subject to earlier termination at the discretion of the Department Chair			
Explain teaching	g, research, service- specifically state audience	eted by department Chair or designee, not the faculty candidate)** be/ types of students; frequency; location of work. r, or institute, please also state that in the below text field.	
**The faculty member is expected to provide these services on a regular and ongoing basis while the faculty appointment is in effect. This appointment will be reviewed prior to renewal for additional term to ensure continued service of anticipated benefit to the Department before a renewal for an additional term is recommended.			
The faculty member will not have any clinical or patient care activities as part of this UMSOM volunteer faculty appointment.			
This appointment is made upon the terms and conditions set forth in the University and School of Medicine policies applicable to volunteer faculty.			
Requested:			
I	Department Chairperson or Designee	Date	
OAA only below this line			
Approved:			
	Dean or Designee	Date	

No Clinical Revised 10/20/2025