UNIVERSITY OF NEVADA. LAS VEGAS ADJUNCT ACADEMIC FACULTY

		Date		
Name				
Address and Zi	p			
Social Security	No			
Check One:	New Appointment	_ Continuing A	ppointment	
		APPOIN	NTMENT	
College and Department				
Title				
Term Dates	From: To:			
a. For pers teaching they fulf the Univ	ons to be appointed to adjusted, research, public, and comill the appropriate requirementity Bylaws, and by the appointments shall go throepartment concerned, the holding adjunct titles shall	le. These persons so unct positions, it more munity service, or enents for the corresponders of Nevacugh regular channel dean, the provost, at the provost of the	s as provided by the University Bylaws a and the president.	s will be of value to the the University, and that partment concerned, by and require the approval
	this document and find it to he document for approval	,	I accept all the conditions listed ab	ove:
Recommending Authority		 Date	Appointee Signature Date Accepted on behalf of the University of Nevada System thereby making this document a contract:	
Recommend	ing Authority	Date		
Recommending Authority Date		Date	Appointing Authority	Date