

## TEMPLATE FOR LETTER OF OFFER FOR TENURE TRACK APPTS

Date

Addressee

Dear Candidate name:

I am very pleased to offer to you the position of **Professorial Title/department/school** on the Indiana University-Purdue University Indianapolis campus. Upon your acceptance of this offer, I will forward a recommendation for approval to the IUPUI Chancellor. The appointment is also subject to approval by The Trustees of Indiana University and a satisfactory background check as required by Indiana University policy. **If you have not completed your doctorate by the start date of this appointment, you will be appointed as an Acting Assistant Professor. You will be expected to complete your doctorate no later than (enter date – usually by end of first year); if this requirement is not met, then your appointment will be either terminated, or converted to a lecturer appointment.**

This is a tenure eligible position. Your initial appointment will be for **1,2, or 3** years beginning on or about **Date**, with eligibility for annual reappointment. Enclosed is a statement explaining annual, reappointment and tenure reviews. Under present University policy you will be considered for reappointment with tenure during the sixth year of your probationary period (i.e., after approximately five years of service), with tenure, if granted, being effective after seven years service. Please note that advancement in rank as well as tenure will require documented evidence that you have met the requirements established in the IUPUI Promotion and Tenure Guidelines regarding standards of performance in your three areas of academic work: research, teaching and service. Your appointment will be subject to all applicable policies and procedures of the university as may exist from time to time.

You will receive a faculty base salary of \$\_\_\_\_\_ on a **ten or twelve** month base. In addition, you will receive fringe benefits which include eligibility to participate in the university's retirement and life and health insurance programs. You must enroll in health benefits within 30 days of the effective date of your appointment; otherwise you will not be able to enroll until Open Enrollment in November, with benefits taking effect the following January. Please refer to the enclosed fringe benefit schedule for a current summary of these benefits. Please note, that it is the policy of Indiana University to provide reasonable accommodations for qualified persons with disabilities.

**Insert information relevant to this specific offer, workspace, teaching load, etc.**

We look forward with great anticipation to your joining us as a colleague and as a member of our team. Please indicate your acceptance of our offer by signing a copy of this letter and returning it to us as soon as possible. As you do so please know that, as your friends and colleagues, we will do all we can to help you and the School be successful.

Best wishes,

(Name)  
(Title)

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(Name)

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Date