APPROVAL OF TERMS OF ACADEMIC APPOINTMENT
FOR ACADEMIC SPECIALIST AND PROFESSOR OF PRACTICE
APPOINTMENTS
Routing and Action Form

REQUEST TO OFFER

CANDIDATE ________________________________

DEPARTMENT ____________________ SCHOOL ____________________

CANDIDATE HIGHEST DEGREE AND FIELD ________________________________

APPOINTMENT TYPE:

ACADEMIC SPECIALIST ☐ PROFESSOR OF PRACTICE ☐

PROPOSED TITLE ________________________________

HRMS ADMINISTRATIVE POST CODE _______

INITIAL APPOINTMENT START/END DATE _____________ TO _____________

INITIAL SALARY ________________________________ MONTHS: 10 ☐ 12 ☐

SEARCH # _______ POSITION #_______ ACCOUNT # _______

REPLACEMENT ☐ OR NEW POSITION ☐

(PLEASE SEE NEXT PAGE FOR LIST OF REQUIRED DOCUMENTATION.)

This statement must be signed by the Chairperson of the Department, and/or the Dean of the School or Division, by the Executive Vice Chancellor, and/or the Vice President or Chancellor, and it is further subject to the consent of the Board of Trustees.

Chairperson ________________________________ Date signed ____________________

School Dean ________________________________ Date signed ____________________

Chief Academic Officer ________________________________ Date signed ____________________
REQUIRED DOCUMENTATION FOR ACADEMIC SPECIALIST AND PROFESSOR OF PRACTICE

A. FOR ACADEMIC SPECIALIST:

1. ☐ Completed Approval of Terms of Academic Appointment Form.

2. ☐ Undated copy of proposed offer letter, which includes information on specific employment requirements and benefits, background checks, and the importance of responding appropriately to it.

3. ☐ Copy of candidate’s vitae.

4. ☐ Three internal or external letters of reference (waived for candidates who have been employed in a faculty role involving teaching, research, and professional service, by a school on the IUPUI campus for a year or longer and whose initial appointment included review of external letters).

5. ☐ Evidence of English language proficiency for candidates whose first language is not English.

6. ☐ Unit has verified that academic credentials and, when applicable, licensure are bona fide.

B. FOR PROFESSOR OF PRACTICE: all items for section A required, and additionally:

1. ☐ Level of teaching responsibilities:
   ☐ Undergrad only
   ☐ Graduate (some or all)

2. ☐ Statement of person's experience as related to teaching responsibilities

FOR ACADEMIC SPECIALIST APPOINTMENTS, all items for section A required, and additionally:

1. ☐ Statement of academic work or job description.

2. ☐ Peer review of capacity for proposed work, if not addressed by letters of reference.

➤ Academic Specialist teaching duties are limited to a maximum of 2 courses per term.

➤ Professor of Practice duties are limited to teaching and student-development activities.