



**Approval of Terms for Academic Appointments**  
**Professor of Practice Appointment**

<b>Candidate Name</b>	
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<b>Department</b>		<b>Campus</b>	
<b>Candidate Highest Degree Title</b>			

<b>HRMS Administrative Post Code</b>			
<b>Initial Appointment Start Date</b>			
<b>End Date</b>			
<b>Initial Salary</b>			
<b>Months</b>	10	12	
<b>Search #</b>			
<b>Account #</b>		<b>Position #</b>	

**Replacement Or New Position**

**(Please see next page for list of required documentation.)**

**Signatures**

This form must be signed by the department chair and the dean of the school or division. The signature of the executive vice chancellor/chief academic officer will be added after approval, and it is further subject to the consent of the Board of Trustees.

Department Chair or Regional Campus Director	
Date	
School Dean	
Date	
Executive Vice Chancellor and Chief Academic Officer	
Date	



**Required Documentation for Academic Specialist and Professor of Practice**

Completed Approval of Terms of Academic Appointment Form.

1. Updated copy of proposed offer letter, which includes information on specific employment requirements and benefits, background checks, and the importance of responding appropriately to it.
2. Copy of candidate's vitae.
3. Vote of approval by faculty in unit. Date of approval \_\_\_\_\_.
4. Level of teaching responsibilities:
  - a. Undergrad Only.
  - b. Graduate (some or all).
5. Statement of person's experience as related to teaching responsibilities.

Prior to hire unit must verify:

1. English language proficiency.
2. Academic credentials and applicable licensure.
3. References (does not require written letters).

Inform Office of Academic Affairs at [acadhr@iupui.edu](mailto:acadhr@iupui.edu) if the offer is declined by this candidate or if you have any questions.