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8.14.2023

**Letter of Transmittal for Faculty Appointment**

This refers to the appointment of Insert Name, Credentials to the Faculty of Creighton University.

1. If new full-time faculty, please include position approval number. Click or tap here to enter text.
2. School/College of Choose an item.
3. Department or Area: Department/Area

C. Phoenix

Omaha

Grand Island

D. Academic Rank: Rank

E. Employment Category: Choose an item.

F. Faculty Membership Category: Choose an item.

G. Appointment commences on: Click or tap to enter a date.

H. Tenure Status: Choose an item.

I. Other information or conditions: Other Information

**Offer Letter Approvals:**

Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Final Contract Approvals:**

Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_