**FACULTY MEMBER:**

Name of Hire:      

Last First MI

Department/School:       Texas State ID:

Highest Degree:

Departmental/School Personnel Committee Approved?  Yes  No

**COURSES TO BE TAUGHT:**

Course Number and Title (required):

**CONTRACT INFORMATION:**

Contract Period: 20      Fall  Spring  SSI  SSII

Rank:

Salary Contract: $      FTE:      %

Term:       year of       (If renewable 3 or 5 year appointment)

**CONTRACT CONDITIONS:**

F  G  H  J

**APPROVALS:**

I certify that this faculty member is academically qualified to teach the courses listed above.

Chair/Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Basis for recommendation:

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

Basis for recommendation:

*For doctoral and graduate student only*.

Graduate College Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Contracts Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_