Instructions for Submitting an Affiliated Faculty Request

Below are the materials necessary for requesting an Affiliated Faculty appointment at NJIT.

At least 3 months prior to the visitor's proposed appointment date, complete this form, attach any required documents, and submit all materials listed below to:

NJIT Office of Research Fenster Hall, Suite 340

All *completed* documentation *must be submitted to be considered a complete package*. No appointment will be considered without these executed forms:

	Completed Affiliated Faculty Request Form Resume or Curriculum Vitae MOU with Appointee's Home Institution - if applicable Conflict of Interest Form Visiting Scholar/Affiliated Faculty Agreement Proof of Financial Support from Home Institution or Sponsor Abroad	
If you have any questions or require assistance, contact the Office of Research at (973) 596-5275 or srard@njit.edu.		

I have reviewed the submitted package and acknowledge that all forms are complete.

	X
Name of Research Office Ambassador	Signature
(please print)	

AFFILIATED FACULTY APPOINTMENT REQUEST FORM

(a courtesy appointment)

This form is required to assign someone a courtesy appointment as an Affiliated Faculty Member at the New Jersey Institute of Technology. <u>The form must be completed in its entirety and receive the appropriate approvals as outlined in the form.</u>

Host:	Title	
Date:	Department	
Appointee Information		
Name:		
Is this a renewal of an existing	ng affiliated faculty appointm	nent: Yes No
If yes, what is end date of cu	arrent appointment?	
Appointee's Current Place o	f Employment:	
Appointee's Current Job Tit	le:	
Does the Appointee have ter Yes No	nure at another college or univ	versity?
If yes, what is the name of the	ne institute?	
Requested Dates of Appoint	ment: to	(not to exceed 3 years)
Identify departmental resour to office, lab, computers, sup	• •	opointee, including but not limited

Summary of Appointee's Qualifying Credentials:

Is the Appointee (please check appropriate box) a U.S. Citizen a permanent resident a non-resident authorized to work
Is the Appointee currently receiving any income or funding from NJIT, including but not limited to salary, funding through grants or contracts? Yes No
If yes, please explain in detail the income/funding and the source.
If yes, please stop and contact the Office of Sponsored Research.
Purpose for Appointment (If necessary, please answer separately, not to exceed <u>one</u> additional page)
Description of Duties to be assigned to Appointee:
Describe benefit to NJIT by allowing the courtesy appointment:
Describe benefit to the appointee for being granted a courtesy appointment.
Will appointee be involved in research activities? Yes No
If yes, has a Memorandum of Understanding been executed with the home institute of the appointee? Yes No
If research activities will be performed, complete the following: Describe research activities and what the appointee is anticipated to be doing:

			
Has the host discussed the proposed appointment with SRA and IP colleagues? Yes No No			
List name(s) of individual(s) host has discussed the appointment with:			
Has there been any objection(s) raised as to the appointment? Yes No			
If yes, state the name(s) of the objector(s) and the basis for the objection(s).			
Will the appointee be involved in applying for grants? Yes No			
If yes, has the appointee has been informed that he/she cannot be a PI or Co-PI on a grant? Yes No			
Does the appointee own any Intellectual Property? Yes No			
If yes, please describe:			
Has the appointee been given, and returned a signed copy, of the NJIT Agreement Relating to Intellectual Property? Yes No			
Does the appointee have any other courtesy appointments or associations with other colleges, universities or companies? Yes No			
If yes, please explain:			

Visa Information Will NJIT be required to process a J-1 visa application? Yes No The following documentation must be sent directly to Human Resources: University Information Systems ADMIN Account Application Form University Resources Access Form for Courtesy Appointments **Approvals** I am requesting the following Affiliated Faculty Appointment as delineated above. I understand that prior to the appointment all applicable NJIT rules and regulations must be adhered to. I further understand that during the course of this appointment, the Appointee will be receiving no income/funding from or through NJIT. Host's Signature: Date: I have reviewed the request, information, and documentation provided and I approve this request. [Please include brief comments as to how this appointment benefits NJIT.] Comments: Chair's Signature: Date: Comments: Dean's Signature: Date: Reviewed by Research Office Signature____

Provost's Signature: ______Date: _____

Once approved by VP for Research, please forward to Provost's Office for final approvals.