

**COLLEGE OF ARTS AND SCIENCE**  
***SECONDARY APPOINTMENTS FORM***

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Faculty Member: \_\_\_\_\_

Effective Date of Secondary Appointment: \_\_\_\_\_

Proposed Length of Secondary Appointment (3 years maximum): \_\_\_\_\_

Participating Departments/Programs:

Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

Type:  Secondary       Secondary -Teaching       Secondary- Limited Voting Rights

**For Secondary appointments with Teaching Obligations:** List teaching obligations (at least two courses over a 3-year term)

**For Secondary appointments with Limited Voting Rights:**

List service and/or teaching obligations, and other expectations relating to division of responsibilities

**Approvals (electronic signatures)**

\_\_\_\_\_  
Faculty Member Signature / Date

\_\_\_\_\_  
Primary Department Chair/Program Director Signature / Date

\_\_\_\_\_  
Secondary Department Chair/Program Director Signature / Date

-----Dean's office use-----

\_\_\_\_\_  
Secondary Dean's/Dean's Designee Signature / Date<sup>\*\*\*\*</sup> (to be obtained by CAS Dean's office as applicable)

\_\_\_\_\_  
CAS Dean's/Dean's Designee Signature / Date

**Upon a positive vote by the faculty, the Chair/Director of the Secondary Department/Program should email this .pdf form and the faculty member's cv (.pdf) to [CASsecondary@vanderbilt.edu](mailto:CASsecondary@vanderbilt.edu)**