Full-Time	
Part-Time	

HOFSTRA UNIVERSITY ACADEMIC ADMINISTRATION APPOINTMENT/REAPPOINTMENT FORM

Appointment	
Reappointment	

Candidate's Name:		
Department:	Hofstra ID:	
Title:	New Line:	(attach approval)
Appointment Period:	Replacement For:	
Salary: FOAPALB		
A. Is the candidate currently in the United States on a visa? Yes. If (a) is yes, what is the candidate's current visa status? c. Will the candidate require employment visa sponsorship Yes in order to work for Hofstra? Immediate Supervisor: Resume Attached: Yes No Recommendations Attach References Checked By: Please note: A background check must be completed and process of the process of	ed: Yes O proof of its completimed? Yes Resignation letter	□ No □ N/A r attached?□Yes □No
Dean's Comments: See Attached: Position:	Suffix:	
Dean's Signature:		Date:
Provost's Office Budget Comments:		
Provost's Office Budget Review:		Date:
Provost's Comments: See Attached:		
Provost's Signature:		Date: