

**HOFSTRA UNIVERSITY
FULL-TIME FACULTY
APPOINTMENT/REAPPOINTMENT FORM**

Candidate's Name: Hofstra ID:
Department:
Rank: New Line: (attach approval) Replacement For:
Appointment Period:
Salary: FOAPALB
Tenure Probationary Period:

Visa Information

a. Is the candidate currently in the United States on a visa? ☐ Yes ☐ No

b. If (a) is yes, what is the candidate's current visa status?

c. Will the candidate require employment visa sponsorship ☐ Yes ☐ No

in order to work for Hofstra?

References Checked By:

Please note: A background check must be completed and proof of its completion attached. Appointment forms must be accompanied by the completed recruitment report, copy of approved job requisition, copy of advertisement and approval form

Dean's Comments: Position: Suffix:

Dean's Signature: _____ Date:

Provost's Office Budget Comments:

Provost's Office Budget Review: _____ Date:

Approve ☐ Disapprove ☐

Provost's Comments:

Provost's Signature: _____ Date: