

**HOFSTRA UNIVERSITY
LAW SCHOOL VISITING FULL-TIME FACULTY
APPOINTMENT/REAPPOINTMENT FORM**

Appointment
Reappointment

CANDIDATE'S NAME:
ECLAS = FV

RANK:
DEPARTMENT:

REPLACEMENT FOR:

SSN: HOFSTRA ID (IF AVAILABLE):

APPOINTMENT PERIOD: SALARY:
TO BE PAID BY: :

TENURE PROBATIONARY PERIOD: FOAPALB:

Visa Information a. Is the candidate currently authorized to work in the United States on a full-time basis for any employer

B. If(a) is yes, will she/he require employment-visa sponsorship

- c. if (b) is no; 1) what is her/him current visa status?
 2) What us her/his visa expiration date?
 3) What is her/his passport expiration date?

DEAN'S SIGNATURE _____ DATE _____

(The following sections are to be completed by the office of the Provost)

GRANT REVIEW _____ DATE _____

BUDGET REVIEW _____ DATE _____

APPROVE _____ DISAPPROVE _____

PROVOST'S SIGNATURE _____ DATE _____

Please see Hofstra University checkoff list for required documentation
