

Appendix Q: Faculty Permission to Hire Form (2017-18)

Date _____ Position No. _____ Budget Acct No. _____

Name _____ SMU School _____

Address _____ SMU Department _____

Race/Ethnicity _____ Gender _____ Anticipated Start Date _____

Status: New Position Open Position
(Check all that apply) Full Time Part Time Length of Term _____

Title: Professor Associate Assistant Sr. Lecturer Lecturer Professor of Practice
If other, please specify _____

International Candidate: Yes No Immigration/visa expenses? Yes No

If another person received and rejected an offer, please list the name, race, and gender of the candidate, if known. This information is important for record-keeping purposes.

Name: _____

Race: _____

Gender: _____

Variance to 6.7: If a request for variance is made, please attach written justification. Please refer to Appendix T.

ATTACH:

1. Contract
2. Copy of all advertisements/position announcements from all recruitment sources.

AUTHORIZATION (in the following order):

Dean Approval: _____ Date _____

Provost Approval: _____ Date _____

IAE Review: _____ Date _____