# USF COLLEGE OF PUBLIC HEALTH
## COURTESY/AFFILIATE APPOINTMENT REQUEST

<table>
<thead>
<tr>
<th>Faculty Member's Name</th>
<th>Primary Department or Agency</th>
<th>Degree(s)</th>
</tr>
</thead>
</table>

Appointment Type: (mark appropriate box)
- Affiliate – community courtesy
- Courtesy – USF person

**Proposed Courtesy/Affiliate Appointment Rank:**

Duration of Courtesy Appointment:
- From [ ] to [ ]

Description of role:

*If appointment is for community professionals, please designate them as affiliate (assistant professor, associate professor, professor) appointments rather than calling them courtesy appointments.*

## APPROVALS

<table>
<thead>
<tr>
<th>Proposed Appointee</th>
<th>Signature</th>
<th>Date</th>
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</thead>
</table>

**Department APT Committee Vote**

For [ ] Against [ ] Abstain [ ]

Chair

**Department Chair**

Name

Signature

Date

**College APT Committee Vote**

For [ ] Against [ ] Abstain [ ]

Chair

**College of Public Health, Dean**

Name

Donna J. Petersen, MHS, ScD

Signature

Date

Rev 09/30/05