



University of Arizona College of Medicine – Phoenix

Request for a Second, Joint or Cross Faculty Title

Faculty member:

Primary Faculty Title	Secondary Faculty Title
College:	College:
Department:	Department:
Title:	Title:

How will the faculty member be involved in the additional department?

Signature

Date

PRIMARY DEPARTMENT	SECONDARY DEPARTMENT
 <hr/> Chair Date	 <hr/> Chair Date

Submit this signed form with a copy of current CV to the
 Office of Academic and Faculty Affairs at compfx-oafa@arizona.edu.