

Faculty Affiliate and Research Faculty Affiliate Application

Last Name	First Name					
Street Address, City, State,	Zip					
Cell Phone	Email	DOE	3			
AHU Department Affiliation	n (in applicable)					
AHU Department Contact N	Name (if applicable)					
Requested Length of Appoi	intment (Initial and Final Dates					
List of the Affiliated Activit	ies with AHU (if applicable):					
Activities		Time Period	Department(s)	Department(s)		
Education:			,			
Name of Institution		Major	Degree Earned	Year		
		- 7	30 33 33 33			

Education (cont):					
Work Experience /Employment History	<i>ı</i> :				
					Clinical (C) Research (R) Teaching (T)
Institution	Position		Location	Dates	Other (O)
Educating (Teaching Areas or courses t	aught):				
Name of Course/Area		Institution		Level (Undergraduate, Graduate, Doctoral, CE, etc)	Year

Publications:					
Professional References (3):					
Name	Relationship and affilations with the reference.	Address	Email		Telephone Number
Additional Information (if applicable):					
Additional miormation (if applicable).					
Applicant Signature				Date	
AHU Provost or Designee Signature		Date			
Please submit this application along wi 1. Application 2. Curriculum Vitae (CV)	th the following to the AHU Provost via	email to Sandra.Dunbar-Smalley@ahu.	edu:		

- Unofficial/Official Academic Transcripts
- 4. Two letter(s) of recommendation

You will receive an email from the AHU IT Department explaining how to login to my.ahu.edu. From the AHU website you will be able to access your AHU email and our library resources.

If you will be on the AHU campus, you will need an AHU badge.

Please stop by the Student Services department on the first floor of the Campus Center to obtain your badge.