

McNeese State University
LETTER OF RE-APPOINTMENT

Visiting/Clinical _____ **Academic Year** _____

NAME: _____ MSU ID: _____ APPT DATE: _____
 First Middle Last

RANK: _____ HIGHEST DEGREE: _____

COLLEGE: _____ DEPARTMENT: _____

THIS POSITION IS TEMPORARY FOR: One Semester _____ One Year _____

POSITION CONTROL# _____ BUDGET PAGE # _____ BUDGET LINE # _____

JUSTIFICATION: _____

SALARY: _____

Appointee Signature

Date

Department Head

Date

Dean

Date

Vice President

Date

President

Date