

RECIPROCAL FACULTY APPOINTMENT APPLICATION FORM

Name of Faculty Member proposed for reciprocal appointment

Department

Current Faculty Title at CORNELL/COLUMBIA (circle one)
HOME INSTITUTION

Adjunct

Proposed Faculty Title at CORNELL/COLUMBIA (circle one)
HOST INSTITUTION

The following questions must be completed in order to process the appointment.

1. Briefly describe the department's need for this faculty member & their particular expertise. Will this be permanent or temporary (if temporary, state approximate duration)?

2. Describe the proposed activities of the Adjunct Faculty Member at the Host Institution. (If none, so state)

CLINICAL CARE

TEACHING

RESEARCH

Will this person have an NYP appointment at the Host Institution? YES

Will this person have admitting privileges at the Host institution? YES

3. How will the Adjunct Faculty Member's activity be reimbursed and/or billed?

CLINICAL CARE

TEACHING

RESEARCH

Check here if there is NO financial relationship.

Department Chair
Weill Cornell Medicine, Cornell University

Date

Department Chair
School, Columbia University

Date

To be completed by Home Faculty Affairs

Attached:

1. Release/Compliance Form
2. Current CV
3. NYP Application
4. COR/COAP Dossier (if applicable)

Faculty Affairs, CUMC

Date

Faculty Affairs, WCM

Date

Joint Executive Approval (if needed) _____ Date _____