



## Courtesy Appointment Application

For Coral Gables/Rosenstiel faculty use only

### Instructions

- All paperwork must be in the sequence/order according to the checklist below.
- Submit this checklist and all the documentation listed below to [facultyaffairs@miami.edu](mailto:facultyaffairs@miami.edu).
- Courtesy appointments are valid for a period of up to one calendar year and must be renewed if they are to continue after the end date.
- It is the department's responsibility to resubmit a renewal application request, with all the required documentation, prior to the end date of the current appointment.

Name: \_\_\_\_\_ Application Type: \_\_\_\_\_  
Dept. Name: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Courtesy Type: \_\_\_\_\_ Appointment Title: \_\_\_\_\_  
DS2019 Visitor Category (if applicable): \_\_\_\_\_

This appointment will be: \_\_\_\_\_

Start Date: \_\_\_\_\_ (Required) End Date: \_\_\_\_\_ (Required)

Checklist: - Curriculum Vitae - [Offer/Invitation Letter](#) - [Personal Data Form \(PDF\)](#)

**Is this application for an international scholar seeking J-1 visa status?** \_\_\_\_\_

- If no, please send a request to [exportcontrol@med.miami.edu](mailto:exportcontrol@med.miami.edu) for Restricted Party Screening (RPS) following the instructions listed on the [Export Compliance website](#). Once cleared results received, print, and attach to this checklist.
- If yes, please submit the electronic [Scholar DS-2019 Request Form](#) and attach the confirmation page to this checklist.

Explain the nature of  
the appointment:

**Sponsor Approval**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature (Click on box above and  
sign with your digital ID)

\_\_\_\_\_  
Date

**Department Chair Approval**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature (Click on box above and  
sign with your digital ID)

\_\_\_\_\_  
Date

**Dean's Office Approval**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature (Click on box above and  
sign with your digital ID)

\_\_\_\_\_  
Date

**Office of Faculty Affairs Approval**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature (Click on box above and  
sign with your digital ID)

\_\_\_\_\_  
Date