



UNIVERSITY OF CENTRAL FLORIDA

OFFICE of ACADEMIC AFFAIRS

ROTC Appointment Approval Form

Legal Name of Appointee: \_\_\_\_\_

UCF Employee ID (if available): \_\_\_\_\_

Last Four Digits of Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Current Affiliation: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Sponsoring UCF Unit (Host Unit): \_\_\_\_\_

Date Appointment Expires: \_\_\_/\_\_\_/20\_\_\_

Name of Requestor (Host Unit): \_\_\_\_\_

Requestor Employee ID: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email Address: \_\_\_\_\_

Brief Description of Appointee's Duties (50 words or less):

Will the appointee be an instructor of record for credit-bearing courses?  Yes  No
(If yes, please submit an electronic teaching certification in FQMS)

Please submit the appointee's military orders with the approval form.

Approvals

Host Unit

(Chair): \_\_\_\_\_ Date: \_\_\_\_\_
Print Name Signature

Host College

(Dean's designee): \_\_\_\_\_ Date: \_\_\_\_\_
Print Name Signature

Provost or Designee: \_\_\_\_\_ Date: \_\_\_\_\_
Print Name Signature