ADD Delivery Method

Date

Name

Address

RE: Affiliate Faculty Appointment

Dear Name:

On behalf of the College of Name at Washington State University (WSU), we are pleased to extend an invitation to you to serve on an Academic Appointment as an Affiliate Faculty in the Department/School Name. This letter outlines your status, rights, and responsibilities. The terms of the Academic Affiliate invitation are as follows:

**Title:** Affiliate Assistant/Associate/ Professor

**Location:** This position is located on the Name campus of WSU. [alter to specific location plus potential assignment other location/campus as require]

**Appointment:** This is a non-paid Academic appointment

**Responsibilities:** This appointment allows you to serve as the primary advisor for graduate students in the Name graduate program.

**Effective Dates:** The appointment is effective mm/dd/yyyy through mm/dd/yyyy.

The current *Faculty Manual*, in its current form and as it may be revised in the future, is a primary resource for policies and procedures regarding faculty, and its provisions are conditions of appointment.  The *Faculty Manual* should be consulted and followed in resolving questions regarding your appointment.  You may access the *Faculty Manual* at the following website:  [facsen.wsu.edu.](http://facsen.wsu.edu/)

Washington State University Intellectual Property policy, which is included in the *Faculty Manual* and is a condition of your appointment, provides that certain intellectual properties developed within the scope of the faculty members’ employment or association, or developed with substantial use of university facilities, or developed under third party funding agreements are considered to be the property of the University. To the extent it applies, the Intellectual Property policy is a condition of your Visiting Scholar appointment. By your acceptance of this appointment, you hereby assign to the University, to the extent possible, any intellectual property in which the University has an interest, as defined by the *Faculty Manual*. You further agree to execute promptly all assignments, waivers and other legal documents necessary to vest in the University or its assignee any and all rights to the intellectual property, including the Intellectual Property and Proprietary Information Agreement for Visiting Personnel Using WSU Facilities.

Please return a signed copy of this letter indicating if you accept or decline this offer of appointment to Name, Title, Address. A reply is requested at your earliest convenience, but no later than MM/DD/YYYY. Retain a copy of the letter for your records.

The faculty of the Department/School of Name are delighted you have chosen to serve as an Affiliate within the College of Name at Washington State University.

Sincerely,

Name, Chair/Director Appointing Authority Name, Title

Department/School Name College of Name

Campus Appointing Authority Name, Title

Name of Campus

cc: Departmental Personnel File

 HRS Employment Services

 Accept Decline

Name Date