

**UCLA Electrical Engineering Department**  
**Visiting Assistant Professor Nomination Form**

To be completed by faculty advisor

**Candidate's Name:** \_\_\_\_\_

**Month and Year PhD Received:** \_\_\_\_\_

**Faculty Advisor:** \_\_\_\_\_

**Percentage of support that the faculty advisor will provide:**

- 50% of total cost (candidate is required to teach two courses per year)  
 75% of total cost (candidate is required to teach one course per year)

**Fund name(s) and account number(s) to be used and expiration dates:**

1. \_\_\_\_\_
2. \_\_\_\_\_

**Undergraduate courses that the advisor believes the candidate is qualified to teach:**

**General Information:**

1. Applicants must have a strong research record in their field of expertise and in areas relevant to the research activities in the UCLA Electrical Engineering Department.
2. The successful candidates will be selected for an appointment term of **two years** only as Visiting Assistant Professors. **Terms are non-renewable.**
3. The successful candidates are required to teach one or two courses per year as lecturers in an area related to their field of expertise.
4. Successful candidates will receive \$\_\_\_\_\_ annually, plus benefits.
5. Nominations will be forwarded to the Non-Tenure Committee for evaluation only after:
  - **A recommendation letter** is received from the faculty advisor commenting on the candidate's research and teaching qualifications.
  - All signatures on this form are collected.

**Appointment dates** (to be completed by department):

From \_\_\_\_\_ To \_\_\_\_\_

**Signatures**

By signing this form, the faculty advisor is acknowledging that he/she is aware of all the conditions associated with this position and that the faculty advisor is granting the department authority to charge his/her account(s), as necessary, to support this position according to the percentage indicated on this form.

**Faculty Advisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Accounting and Budget Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Human Resources Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Final approval to submit the case forward to the Non-Tenure Committee:

**Department Chairman:** \_\_\_\_\_ **Date:** \_\_\_\_\_