

Director of Undergraduate Studies Appointment Form

Faculty Member's Name _____

Department or Program _____

Beginning Date _____ **Ending Date** _____

Faculty Member's Signature _____

Department Chair or Program Director's Signature _____

Associate Dean's Signature _____

Routing Instructions: Send this form to Megan Lucy at megan.lucy@uky.edu.
Electronic signatures are ok.

Assistant Dean's Office Use:

_____ Appointment entered in Faculty Database

_____ Copy stored in faculty member's SPF