

# FACULTY VACANCY ANNOUNCEMENT

UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY

OFFICE OF WORKPLACE DIVERSITY

DATE \_\_\_\_\_

FACULTY RANK/ADMINISTRATIVE TITLE \_\_\_\_\_

CAMPUS \_\_\_\_\_ SCHOOL \_\_\_\_\_

DEPARTMENT/  
ADMINISTRATIVE UNIT \_\_\_\_\_ DIVISION \_\_\_\_\_

DATE OF AVAILABILITY \_\_\_\_\_ FINAL DATE  
FOR APPLYING \_\_\_\_\_

RESPONSIBILITIES/QUALIFICATIONS  
(PLEASE TYPE IN PROVIDED AREA)

TENURE TRACK YES \_\_\_\_\_ NO \_\_\_\_\_

DEPARTMENT CHAIR \_\_\_\_\_

SEARCH COMMITTEE CHAIR/  
CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

DATE POSTED \_\_\_\_\_ POSTING  
COORDINATOR \_\_\_\_\_

SEND COMPLETED ANNOUNCEMENT TO:

THE OFFICE OF WORKPLACE DIVERSITY  
STANLEY S. BERGEN BUILDING, SUITE 1214  
NEWARK CAMPUS or  
P.O. BOX 1709, 0701-1709 NEWARK, NJ

Position (Banner) # \_\_\_\_\_

The Position (Banner) # can be found in the upper left hand corner of the approved *FACULTY POSITION/CHANGE REQUEST FORM*.