

**RECOMMENDATION FOR
REAPPOINTMENT**

<i>I. (To be completed by Department Chair and Dean)</i>	
Name:	Time in Rank (include current year):
Department:	Date of Initial Appointment:
Proposed Action:	
Department Faculty or Ad Hoc Committee Vote: YES _____ NO _____ On leave, not voting _____	
Department Faculty or Ad Hoc Committee Recommendation: _____	

Chairperson's Recommendation: _____	
Chairperson's Signature: _____	_____
signature	date

Dean's Recommendation: _____	
Dean's Signature: _____	_____
signature	date
Comments:	
II.	
Provost's Recommendation: _____	
Provost's Signature: _____	_____
signature	date