A. Recommendation for APPOINTMENT (Clinical Teaching Track) (Subject to final approval by the Chancellor)

PRIMARY UNIT'S RECOMMENDATION:
Recommended _____ for ______ years Effective date ___________________________

Not recommended ______ Signature __________________________________ Date ______

DEAN'S RECOMMENDATION:
Recommended _____ for ______ years Effective date ___________________________

Not recommended ______ Signature __________________________________ Date ______

PROVOST'S RECOMMENDATION:
Recommended _____ for ______ years Effective date ___________________________

Not recommended ______ Signature __________________________________ Date ______

B. Recommendation for REAPPOINTMENT (Clinical Teaching Track) (Subject to final approval by the Chancellor)

PRIMARY UNIT'S RECOMMENDATION:
Recommended _____ for ______ years Effective date ___________________________

Not recommended ______ Signature __________________________________ Date ______

DEAN'S RECOMMENDATION:
Recommended _____ for ______ years Effective date ___________________________

Not recommended ______ Signature __________________________________ Date ______

PROVOST'S RECOMMENDATION:
Recommended _____ for ______ years Effective date ___________________________

Not recommended ______ Signature __________________________________ Date ______

C. Recommendation for PROMOTION (Clinical Teaching Track) (Subject to final approval by the Chancellor)

PRIMARY UNIT'S RECOMMENDATION:
Recommended for ___________________________ (Title/Rank) Effective date ___________________________

Not recommended ______ Signature __________________________________ Date ______

DEAN'S RECOMMENDATION:
Recommended for ___________________________ (Title/Rank) Effective date ___________________________

Not recommended ______ Signature __________________________________ Date ______

PROVOST'S RECOMMENDATION:
Recommended for ___________________________ (Title/Rank) Effective date ___________________________

Not recommended ______ Signature __________________________________ Date ______