Name & Degree(s): \_\_\_\_\_\_\_\_

Title:

Primary Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period of Reappointment: Start date \_\_\_\_\_\_\_\_ End date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(The period of reappointment should be for 3 years at the assistant rank and for 5 years at the associate or full rank. The end date cannot exceed approved end date of the primary appointment.)*

Vote (Secondary Department):

The Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Committee on Appointments and Promotions approved Dr. \_\_\_\_\_\_\_ reappointment. The vote was: \_\_\_\_\_approved; \_disapproved

Purpose of Position:

Name Date

Chair, Department of

**Approval of Primary Department Chair:**

Name Date

Chair, Department of