

REAPPOINTMENT RECOMMENDATION

The faculty member must be given a copy of: (a) the Department/Division chairperson's evaluation; (b) the reappointment form after it has been signed by the Chancellor; (c) any additional evaluation materials that may be attached to this form. In each instance, the faculty member must acknowledge receipt of this form by his/her signature. Once signed by the Chancellor, the completed form will be returned to the IPFW Faculty Records Office. The faculty member will then be asked to come to the Records Office to sign the completed form.

NAME: _____

RANK: _____

TENURE STATUS: Decision to be made _____

_____ Recommended for reappointment for _____

_____ Not recommended for reappointment for _____

CHAIR COMMENTS:

Department Chair Date

Faculty Member Signature Date

REAPPOINTMENT RECOMMENDATION

_____ Recommended for reappointment for _____

_____ Not recommended for reappointment for _____

DEAN/DIRECTOR COMMENTS:

Dean/Director _____ Date _____

REAPPOINTMENT RECOMMENDATION

_____ Recommended for reappointment for _____

_____ Not recommended for reappointment for _____

VCAA COMMENTS:

Vice Chancellor for Academic Affairs Date

_____ Recommended for reappointment for _____

_____ Not recommended for reappointment for _____

CHANCELLOR COMMENTS:

Chancellor Date

Faculty Member Signature Date