

Michigan State University HEALTH PROGRAMS RECOMMENDATION FOR REAPPOINTMENT

Date: _____
 Name: _____
 Position/Rank: _____
 Rank Begin: _____
 Cont Empl: _____
 Department: _____
 College: _____

Advisory Committee Membership:	
Name/Rank	Name/Rank
_____	_____
_____	_____
_____	_____

College Advisory Committee Recommendation: Reappoint: ____ Do not reappoint: ____

Summary statement by Chairperson. (Include comments citing strengths and weaknesses. Also place an "X" under the most appropriate rating.)

	% Assignment	Excellent	Very Good	Average	Below Average	Poor
1. Patient Care Services:						

2. Teaching:						
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3. Scholarly Productivity and Research:						
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4. Institutional Services:						
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5. Overall assessment: (Include special issues or concerns)						
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Chairpersons's recommendation: Reappoint for ____ years (2, 3, 4, or 5) ____ Do not Reappoint

Dean's recommendation: Reappoint for ____ years (2, 3, 4, or 5) ____ Do not Reappoint

Chairperson Signature Date

Dean Signature Date

For a **reappoint** recommendation, submit a completed Reappointment form with this sheet and attach a completed HP Faculty Appointment/Reappointment Memorandum.

For a **do not reappoint** recommendation, notify the HP faculty of non-reappointment. If reasons from the Dean for non-reappointment are not given in the notification, the following excerpt from the "MSU Health Programs Faculty Appointment Systems" document must be included:

"Upon written request of the faculty member, the administrator recommending the decision(i.e., the Dean) shall transmit in writing the reasons for not recommending an additional appointment."