

CHAIR/CENTER DIRECTOR ATTESTATION FOR JOINT REAPPOINTMENTS

Faculty Member Name

Primary Department/Center

Reappointing Department/Center

Faculty Rank

Term of reappointment to

Term of Primary Appointment to

*Please check all boxes:*

In recommending this faculty member for reappointment this faculty member has consistently demonstrated behaviors in keeping with our Professionalism values, standards and expectations.

This faculty member remains in good standing and is an active participant in the Department/Center of

Chair Signature

Center Director

Joint Chair/Center Director Signature

Print Chair Name

Print Center Director Name

Print Joint Chair/Center Director Name

*For cross school appointments primary Dean's office approval required*

Dean's Office Signature

Approver Name