

**UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE AND DENTISTRY**  
**Faculty Recommendation Form**

Candidate's Name:	
Department:	Division:
Date of Birth:	
Employee ID Number:	Citizenship:

Proposed Action (check all that apply):

Appointment	Change in Appointment
Reappointment	Additional Appointment
Promotion	Grant Tenure

**PRIMARY APPOINTMENT**

Current Title:	
Proposed Title:	
Effective Date:	End Date:

**Specify Activity Components for Professor, Associate Professor, and Assistant Professor (reappointment):**

Clinical      Research      Scholarship      Institutional Scholarship      Teaching

only one of these may be selected

**JOINT APPOINTMENT(S) (for more than one joint appointment, attach second sheet)**

Current Title:	
Proposed Title:	
Effective Date:	End Date:

**Remarks**