

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
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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