**Faculty Reappointment Request**

**Transmittal Form**

TO: President

VIA: Senior Vice President

FROM: Dean/Director/AVP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name)

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert date)

**RE: Reappointment Recommendation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name)\_**

Please attach the following:

1. The recommendation letter from the Dean/Director.
2. The recommendation report from the Ad Hoc Reappointment Committee
3. The Reappointment Review Packet, consisting of at least the following:
   1. The faculty member’s current resume or curriculum vita;
   2. Copy of the approved CFES plan for year 1 of employment (and, if possible, year 2 plan);
   3. The annual increment evaluation letter(s) from the Dean/Director;
   4. The CFES report prepared by the faculty member and given to the Dean/Director for the increment evaluation(s);
   5. Copies of all student evaluations;
   6. Any further evidence pertaining to each of the three chosen endeavors and reviewed by the committee.

Refer to the Reappointment Procedures document maintained by the Senior Vice President’s Office for more information.

Received: