

**RECOMMENDATION for ONGOING APPOINTMENT to MEDICAL FACULTY
COLLEGE OF MEDICINE, UNIVERSITY OF SASKATCHEWAN**

Department: _____

1. FULL NAME of Recommended Appointee:

Surname: _____

First name: _____

Middle name: _____

2. MAILING ADDRESS:

3. EMAIL: _____

4. Recommendation Type:

___ New ongoing appointment to faculty

___ Existing appointment expiring; new ongoing appointment to faculty

___ Existing appointment; recommending early new ongoing appointment to faculty

5. CPSS License # _____ License type: Regular _____ Provisional _____

6. Academic Credentials _____

7. Effective Date: _____

I have discussed this recommendation with Dr. _____. He/She is aware of the duties and responsibilities involved with being named to university/department faculty.

Date

Signature of Department Head

Encl: Appointee's current C.V.

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For Use by College of Medicine

Approved by: _____
Signature of Dean (or Vice Dean Faculty Engagement)

Date