

**RECOMMENDATION FOR
RENEWAL OF A FACULTY APPOINTMENT**

COLLEGE OF MEDICINE, UNIVERSITY OF SASKATCHEWAN

DEPARTMENT: _____

1. FULL NAME OF APPOINTEE RECOMMENDED FOR RENEWAL:

Surname: _____

First Name: _____

Middle Name or Initial: _____

2. MAILING ADDRESS:

3. EMAIL ADDRESS: _____

4. USUAL CURRENT ACADEMIC CONTRIBUTION:
(Check all that apply)

- Teaching
- Research
- Administration

I have discussed this reappointment and the duties involved with the named faculty appointee, and he/she is willing to accept this renewal of appointment.

Date
Encl: Candidate's updated C.V.

Signature of Department Head

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For Use by College of Medicine

Approved by: _____
Signature of Dean or Vice Dean Faculty Engagement Date