



**Recommendation for Renewal/Non-Renewal of Appointment
Faculty and Professional Employees**

Name: _____ Title: _____ Rank: _____

Division/Function/Department: _____

Original Appointment: _____ Beginning _____ Term Ending _____

Current Appointment: _____ Beginning _____ Term Ending _____

Non-renewal is Recommended: _____

Renewal is Recommended as follows:

For a term of _____ years, ending _____ or Permanent _____ or Continuing _____

Recommendation is based on an appraisal of effectiveness of performance that is deemed to be:

Outstanding

Satisfactory

Unsatisfactory

Affirmed by:

Dean/Functional Supervisor: _____ Date: _____

Administration Supervisor (Vice President): _____ Date: _____

Remarks:

Approved

Disapproved

President: _____ Date: _____