

CHAIR/CENTER DIRECTOR ATTESTATION FOR JOINT REAPPOINTMENTS

Faculty Member Name

Primary Department/Center

Reappointing Department/Center

Faculty Rank

Term of secondary reappointment to

Term of primary appointment to

Secondary department please check all boxes:

In recommending this faculty member for reappointment this faculty member has consistently demonstrated behaviors in keeping with our Professionalism values, standards and expectations.

This faculty member remains in good standing and is an active participant in the Department/Center of

Chair Signature

Center Director

Joint Chair/Center Director Signature

Print Chair Name

Print Center Director Name

Print Joint Chair/Center Director Name

Primary School
Dean's Office Signature

Secondary School
Dean's Office Signature