

ADJUNCT FACULTY REAPPOINTMENT FORM

Name_____

Home Address_____

Primary Institution Affiliation_____

Title/Rank at Primary Institution_____

Business Address_____

Email_____

End Date of Current Adjunct Appointment_____

1) Time spent teaching in the School of Medicine and Dentistry

- a. Course(s)
- b. Dates of participation
- c. Hours

2) Time spent on-site doing research

- a. Grants on which you are named principal investigator and faculty at the University of Rochester are named co-investigator (include title, agency, and grant period)
- b. Grants on which you are named co-investigator (include title, agency, and grant period)
- c. Other research collaborations

3) Other on-site activities

4) Comments