

**APPENDIX C**  
**RECOMMENDATION FOR AMENDMENT OF PROFESSORIAL APPOINTMENT**

This form should be used to recommend the following amendments to professorial appointments: administrative appointments, courtesy appointments, additional appointments, changes in primary department appointments, recall of emeritus faculty members, changes in percent time of appointments and reappointments for administrative reasons.

**PRINT ON BLUE PAPER.**

Name: \_\_\_\_\_ School(s): \_\_\_\_\_

Current Academic Title: \_\_\_\_\_ Faculty Line: [ ] UTL [ ] MCL [ ] NTL

Department(s): \_\_\_\_\_ Medical Center Affiliation (for MCL) \_\_\_\_\_

Affects Proposed Tenure Deadline: Yes [ ] No [ ]

If Yes, change tenure deadline: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason: [ ] New Parent Extension [ ] Leave Without Salary [ ] Provostial Exception

**RECOMMENDED AMENDMENT:**

[ ] New Administrative Title: \_\_\_\_\_

Title Change: [ ] Dean [ ] Vice Dean [ ] Sr. Associate Dean [ ] Vice Provost

[ ] Department Chair [ ] Institute/Program Director [ ] Independent Lab Director

Appointment Dates: Start date \_\_\_\_/\_\_\_\_/\_\_\_\_ End date \_\_\_\_/\_\_\_\_/\_\_\_\_

[ ] Appointment to additional department: \_\_\_\_\_

[ ] Change in primary department: \_\_\_\_\_

[ ] Change in percent time of appointment: from \_\_\_\_\_% to \_\_\_\_\_%

[ ] Change of appointment dates: Start date from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ and (if applicable)

End date from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

[ ] Courtesy appointment in department/school: \_\_\_\_\_

[ ] Reappointment due to approved new parent extension (include new tenure and appointment clock calculations)

[ ] Reappointment due to concluded approved leave without salary

[ ] Reappointment for other reason (attach relevant correspondence, including evidence of candidate counseling, future plans and expectation for subsequent review or notice of non-renewal)

[ ] Terminal Reappointment (attach relevant correspondence)

[ ] Removal of "Subject to Ph.D." notation from title (attach documentation regarding completion of all degree requirements)

[ ] Recall of emeritus faculty: Non-FRIP [ ] OR FRIP [ ] \_\_\_\_\_ % time of appointment

**FACULTY APPOINTMENT INFORMATION AFTER AMENDMENT:**

Billet/Position(s): Primary billet/position # \_\_\_\_\_ % FTE \_\_\_\_\_

Joint billet/position # \_\_\_\_\_ % FTE \_\_\_\_\_

Secondary billet/position # \_\_\_\_\_ % FTE \_\_\_\_\_

Effective dates of requested action: Start date \_\_\_\_/\_\_\_\_/\_\_\_\_ End date \_\_\_\_/\_\_\_\_/\_\_\_\_ Without limit of time [ ]

**APPROVAL:**

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

School Dean's Office: \_\_\_\_\_ Date: \_\_\_\_\_

New/Secondary/Courtesy: \_\_\_\_\_ Date: \_\_\_\_\_

School Dean's Office: \_\_\_\_\_ Date: \_\_\_\_\_

Provost's Office: \_\_\_\_\_ Date: \_\_\_\_\_