

**To the Advisory Board and the President:**

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(Last Name) (First Name) (Middle Name)

*is hereby recommended for:* Appointment Reappointment zz Promotion

*to the rank of:* Assistant Professor Associate Professor Professor  
Center Fellow Senior Fellow

*in the:* UTL NTLR NTLT MCL at \_\_\_\_\_ (Medical Center Affiliation MCL only)

For a term of years Start: \_\_\_\_\_ End: \_\_\_\_\_

With tenure Effective date: \_\_\_\_\_

For a continuing term Effective date: \_\_\_\_\_

Primary department/school/policy institute: \_\_\_\_\_ at \_\_\_\_\_ % time

Secondary department/school/policy institute: \_\_\_\_\_ at \_\_\_\_\_ % time

Courtesy department/school/ policy institute: \_\_\_\_\_

*For an appointment coterminous with support or with an administrative assignment at Stanford or an affiliated institution, note, if applicable, the coterminous nature of the appointment:*

- Coterminous with continued salary and other research funding from sponsored projects
- Coterminous with continued salary and other support from \_\_\_\_\_
- Coterminous with \_\_\_\_\_

**Recommended by (as applicable):**

\_\_\_\_\_  
(Chair of Primary Department/Director, Date) (Dean of Primary School/Institute, Date)

\_\_\_\_\_  
(Chair of Secondary Department/Director, Date) (Dean of Secondary School/Institute, Date)

\_\_\_\_\_  
(Chair of Secondary Department/Director, Date) (Dean of Secondary School/Institute, Date)

**Approved for recommendation to Advisory Board (Academic Council) or President (MCL):**

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(Provost) (date)

**Approved for recommendation to the President by the Advisory Board (Academic Council):**

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(Advisory Board Chair) (date)