

**TRANSMITTAL FOR
RENEWAL OF EXISTING NAMED FACULTY APPOINTMENT**

To be submitted one semester prior to expiration of the term.
Do NOT use this form for a new Named Faculty Appointment.

Today's Date _____

Appointee's Name _____

College _____

Department _____

Named Appointment Title _____

Appointment Type Departmental College Campus/University

Renewal Effective Date _____ Term of Appointment _____ years

Renewable? Yes No

TOTAL ANNUAL FUNDING: \$ _____

Of the total funding, provide the portion allocated to the following (only where applicable):

\$ _____
Discretionary Funds

\$ _____
Salary Supplement/Stipend

\$ _____
Toward Base Salary

APPROVALS:

Unit Executive Officer Signature _____ Date _____

Typewritten Name _____

College Dean Signature _____ Date _____

Typewritten Name _____

Provost/Designee Signature _____ Date _____

Required Attachments:

- Completed Transmittal form
- Dean's memo/letter supporting the case
- Unit Executive Officer's memo/letter summarizing accomplishments and justification for renewal
- Current curriculum vitae

Provost's Office Use

Route Approval to:

Unit EO _____

Unit EO Staff _____

College Dean _____

College Dean Staff _____

Provost's Office _____

Others _____

Appointment Expiration Date _____