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:

Name:

College:

Department:

Named Appointment Title:

Appointment Type:

Departmental

College

Campus/University

Renewal Effective Date:

Term of Appointment:

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

1. Completed Transmittal form
2. Dean’s memo/letter supporting the case
3. Unit Executive Officer’s memo/letter summarizing accomplishments and justification for renewal
4. Current curriculum vitae

## Provost Office Use

**Route Approval to**

* Unit EO:
* Unit EO Staff:
* College Dean:
* College Dean Staff:
* Provost’s Office:
* Others:

Appointment Expiration Date: