PIN #	The University of Tennessee Health Science Center FACULTY APPOINTMENTAGREEMENT		Initial Appointment Revised Appointment Joint Appointment Base Department	
Name:		Personnel #:		
Rank:		UTHSC Salary: _		
College:				
Dept:				
A tenure decision win Tennessee Health S Not on tenure track.	_	no later than June 30, 20	e with The Universit	
APPROVED BY: Chair's Signature	 Date	Dean's Signature		 Date
Chair's Signature	 Date	Dean's Signature		Date
_	Cynthia Russell, PhD Vice Chancellor of Academic, Faculty, and Student Affairs		Date	
Faculty Handbook and a reappointment, and the	f this proposal as indicated above. I ha agree to the criteria and procedures en awarding of tenure at The University o department, college, program or divisio	ave read The University of Te nployed in recommendations f Tennessee Health Science	and decisions about Center and any spe	ut appointment, ecial procedure
	Candidate's Signa	ture	Date	

YOUR APPOINTMENT BY THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER IS EFFECTIVE FOR THE PERIOD FROM _______, 20____ UNTIL JUNE 30, 20_____, AND IS RENEWABLE ANNUALLY THERAFTER, IN ACCORDANCE WITH THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER FACULTY HANDBOOK.

Return completed form to: Vice Chancellor for Academic, Faculty and Student Affairs

The University of Tennessee Health Science Center Suite 400 Hyman Administration Building

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Memphis, TN 38163