**MEMORANDUM**

TO: Scott Strome, M.D.

Executive Dean, College of Medicine

FROM: Dr.

Chair, Department of

RE: FACULTY TERMINATIONS

The following individuals no longer participate in the Department of       educational program. I am requesting that these individuals be removed from our active (affiliated, joint or volunteer) faculty.

**NAME/ADDRESS IRIS # REASON EFFECTIVE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  | |  |
| Address: |  | |  |
| City, State: |  | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  | |  |
| Address: |  | |  |
| City, State: |  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
| Address: |  |  |
| City, State: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
| Address: |  |  |
| City, State: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
| Address: |  |  |
| City, State: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
| Address: |  |  |
| City, State: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
| Address: |  |  |
| City, State: |  |  |

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scott Strome, M.D.

Executive Dean, College of Medicine

Please forward to the Office of Faculty Affairs, College of Medicine 910 Madison, Suite 1010