

Michigan State University CHM Non-Prefixed Community Based Faculty Recommendation for Reappointment

Date: _____
 Name: _____
 Position/Rank: _____
 Start Appt Date: _____
 Department: _____

Department Advisory Committee Members	
_____	_____
_____	_____
_____	_____

In addition to being **deeply involved in the college and making significant contributions to CHM**, this faculty member qualifies for a non-prefix appointment in the following:

- Administrative position in the college (e.g., clerkship director, course director, etc.)
- Paid faculty or administrator in a CHM affiliated residency
- Meaningful collaborative research relationship as adjudicated by the CHM Associate Dean for Research (**position which are predominately research are appointed/reviewed by Tenure System criteria**).

Place an "X" under the most appropriate rating:

Include % if available:

1. Patient Care Services

% Assignment

Excellent	Very Good	Average	Below Average	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

2. Teaching:

% Assignment

Excellent	Very Good	Average	Below Average	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

3. Scholarly Productivity and Research:

% Assignment

Excellent	Very Good	Average	Below Average	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

4. Institutional Services:

% Assignment

Excellent	Very Good	Average	Below Average	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Overall Assessment

% Total

Excellent	Very Good	Average	Below Average	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Comments:

Community Designee Recommendation: _____

Reappoint for ____ years (1,2,3) Do Not Reappoint

Signature _____

Date _____

Department Chair Recommendation: _____

Reappoint for ____ years (1,2,3) Do Not Reappoint

Signature _____

Date _____

CHM Dean or Designee Recommendation: _____

Reappoint for ____ years (1,2,3) Do Not Reappoint

Signature _____

Date _____

Recommendations for reappointment will be processed through the Mass Update, once approved. For a **do not reappoint** recommendation, notify the faculty of non-reappointment. If reasons from the Chair for non-reappointment are not given in the notification, the following excerpt from the "MSU Health Program Faculty Appointment Systems" document must be included: "Upon written request of the faculty member, the administrator recommending the decision (i.e. the Dean) shall transmit in writing the reasons for not recommending an additional appointment."