

**THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO
SCHOOL OF NURSING**

Reappointment Form

Name of Person Being Reviewed: _____

Present Rank: _____

Requested Action: Reappointment at Current Rank

TO BE COMPLETED BY DEPARTMENT REVIEW COMMITTEE	TO BE COMPLETED BY SCHOOL OF NURSING REVIEW COMMITTEE
<p>Date: _____</p> <p>The faculty of the Department Review Committee, assembled as required in the School of Nursing Guidelines for Promotion, Tenure, and Reappointment Procedures, voted as follows with respect to the Requested Action listed above:</p> <p>We have reviewed the material for this candidate for reappointment review.</p> <p>Assembled Faculty Chair, _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Department Recommendation: ____ For Reappointment ____ Against Reappointment</p>	<p>Date: _____</p> <p>The faculty of the School of Nursing Review Committee, assembled as required in the School of Nursing Guidelines for Promotion, Tenure, and Reappointment Procedures, voted as follows with respect to the Requested Action listed above:</p> <p>We have reviewed the material for this candidate for reappointment review.</p> <p>Assembled Faculty Chair, _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>School Recommendation: ____ For Reappointment ____ Against Reappointment</p>