FORM HP-C

Michigan State University HEALTH PROGRAMS RECOMMENDATION FOR REAPPOINTMENT

Date:			Advisory (Name/Rank	Committee 3	Membership: Name/Rank	
College:		• .		• .		
Advisory Committee Recommendation:	Re	appoint:	Do not rea	appoint:		
Summary statement by Chairperson. (Inclu appropriate rating.)	ide comments citing % Assignment			-	e an "X" under the Below Average	most Poor
1. Patient Care Services:	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			TTTTTT		
2. Teaching:						
3. Scholarly Productivity and Research:						
4. Institutional Services:						
5. Overall assessment: (Include special issues or concerns)			<u> </u>			<u></u>
Chairperson recommendation: Reappoint f	for years (1,	2, 3, 4, or 5)	Do no	t Reappoint		
Dean recommendation: Reappoint f				Reappoint		
Chairperson Signature Date	Dean Signat	ure	Da	ite		

For a **reappoint** recommendation, submit a completed Reappointment form with this sheet and attach a completed HP Faculty Appointment/Reappointment Memorandum.

For a **do not reappoint** recommendation, notify the HP faculty of non-reappointment. If reasons from the Dean for non-reappointment are not given in the notification, the following excerpt from the "MSU Health Programs 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."