

**College of Liberal Arts  
Renewal of Clinical Faculty**

1. Name of Faculty Member \_\_\_\_\_
2. Department \_\_\_\_\_
3. Affiliated Institute or Program, if relevant \_\_\_\_\_
4. Term of appointment:  
(n.b.: senior appointments may be for up to 5 years; assistant professors are annual appointments\*\*)   
Fiscal Year (give dates): \_\_\_\_\_  
or  
Academic Year (give dates): \_\_\_\_\_

5. A majority of the department/institute/program faculty must endorse the appointment. The department/institute/program chair/director must initial this line to indicate that the vote has been taken.  
\_\_\_\_\_

6. A renewal request must be accompanied by: (please check)

A current and complete curriculum vita: \_\_\_\_\_

An annual performance evaluation by the department/institute/program chair/director: \_\_\_\_\_  
(n.b. Even when an appointment is for more than one year, the department/institute/program chair/director is expected to submit an annual written performance review.)

A statement from the department/institute/program chair/director identifying any expectations of the faculty member regarding teaching and/or service and any other non-standard privileges being extended to the clinical faculty, such as the right to attend department meetings: \_\_\_\_\_

When completed and accompanied by the required documents, this form should be submitted to the Dean. The Dean will then make a recommendation to the Provost.

\_\_\_\_\_  
Signature of department/institute/program chair/director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dean

\_\_\_\_\_  
Date