

**UNIVERSITY OF VERMONT
COLLEGE OF MEDICINE**

VOLUNTEER FACULTY REAPPOINTMENT REVIEW

Name _____

Date _____

Appointed Rank /Pathway _____

Date _____

Present Rank /Pathway _____

Date attained _____

Department _____

Describe the continuing roles and responsibilities of the candidate. Provide an assessment of the quality of accomplishments and performance. Include an updated CV.

COPY MAILED TO FACULTY MEMBER

Affiliates

Departmental Review

Recommends _____

Does not recommend _____

Chief of Service- Date

Recommends _____

Does not recommend _____

College of Medicine

Departmental Review

Recommends _____

Does not recommend _____

Department Chairperson Date

Recommends _____

Does not recommend _____

Dean Date

Recommends _____

Does not Recommend _____