PIN #	The University of Health Science FACULTY APPOINTME	e Center	Initial Appoir Revised App Joint Appoir Base Dep	pointment ntment
Name:	Personnel #:			
Rank:		UTHSC Salary:		
College:				
Dept:				
Provision of a practi	ice allowance must comply to The Un and will be made through a	iversity of Tennessee Health separate income limiting cor		lty Handbook
APPOINTMENT WILL BE	::			
A tenure decision wi Tennessee Health S Not on tenure track. In accordance with T	a probationary period of six (6) years. Il be made prior to the end of the prob science Center Faculty Handbook, i.e. The University of Tennessee Health So ure for the following reason:	, no later than June 30, 20		
APPROVED BY:				
Chair's Signature	Date	Dean's Signature		Date
Chair's Signature	Date	Dean's Signature		Date
	Cynthia Russell, Vice Chancellor of Academic, Facu f this proposal as indicated above. I h	ulty, and Student Affairs have read The University of T		
reappointment, and the	agree to the criteria and procedures e awarding of tenure at The University department, college, program or divisi	of Tennessee Health Science	e Center and any spec	cial procedure
	Candidate's Sign	ature	Date	
EFFECTIVI	PPOINTMENT BY THE UNIVERSITY E FOR THE PERIOD FROM WABLE ANNUALLY THERAFTER, II TENNESSEE HEALTH SCIENC	, 20 UNTIL JU N ACCORDANCE WITH TH	UNE 30, 20, AND E UNIVERSITY OF	
	Sui 62	e Chancellor for Academic, Fa e University of Tennessee He te 400 Hyman Administration South Dunlap mphis, TN 38163	ealth Science Center	airs