SUFFOLK COMMUNITY COLLEGE

FACULTY REAPPOINTMENT FORM

COMPLETE THIS FORM TO REAPPOINT A FACULTY MEMBER WHO IS NOT BEING CONSIDERED FOR PROMOTION

NAME ____________________________ ACADEMIC YEAR ________________

____ Tech. Asst. DEPARTMENT ______________________

____ Sr. Tech. Asst. CURRENT APPOINTMENT ... 

PRESENT RANK ______________________ INITIAL HIRING DATE _____________

____ Instructor DATE OF APPOINTMENT _____________

____ Asst. Prof. TO PRESENT RANK . .

____ Assoc. Prof. ______________________

____ Professor ______________________

RECOMMENDATION OF IMMEDIATE SUPERVISOR

____ Should receive a Temporary Appointment for one semester

____ Should receive a Temporary Appointment for one year

____ Should receive a Term Appointment for one year

____ Should receive a Continuing Appointment

____ Should not be reappointed

____ Attached appropriate Form B. (Required in each of the first five years of employment and at the mid-point between promotion to Associate Professor and eligibility for promotion to Professor.)

PROFESSIONAL GROWTH, SERVICE AND CLASSROOM PERFORMANCE HAVE BEEN DISCUSSED WITH THE FACULTY MEMBER

Signature __________________ Date ________________

ACKNOWLEDGMENT BY FACULTY MEMBER

I have read the above recommendations and any attached evaluation statements which will be forwarded to the Dean.

____ I accept these statements as written.

____ I wish to add the attached supplement.

Signature __________________ Date ________________

RECOMMENDATION OF DEAN

I ____ concur, ____ do not concur, with the above recommendations of the immediate supervisor.

Comments: ____________________________________________

FORM X.1 Signature __________________ Date ________________