

**University of Colorado Denver
Clinical Teaching Track (CTT) Faculty
Appointment, Reappointment and Promotion**

Mr. Ms. Dr.

Name (Last, First, Middle Initial)

Rank/Title

School or College

Department

Highest Degree Awarded

Year Awarded

Institution

Reappointment and promotion recommendations should be documented by supporting statements from the primary unit and the Dean.

A. Recommendation for APPOINTMENT (Clinical Teaching Track) (Subject to final approval by the Chancellor)

PRIMARY UNIT'S RECOMMENDATION:

Recommended _____ for _____ years Effective date _____

Not recommended _____ Signature _____ Date _____

DEAN'S RECOMMENDATION:

Recommended _____ for _____ years Effective date _____

Not recommended _____ Signature _____ Date _____

PROVOST'S RECOMMENDATION:

Recommended _____ for _____ years Effective date _____

Not recommended _____ Signature _____ Date _____

B. Recommendation for REAPPOINTMENT (Clinical Teaching Track) (Subject to final approval by the Chancellor)

PRIMARY UNIT'S RECOMMENDATION:

Recommended _____ for _____ years Effective date _____

Not recommended _____ Signature _____ Date _____

DEAN'S RECOMMENDATION:

Recommended _____ for _____ years Effective date _____

Not recommended _____ Signature _____ Date _____

PROVOST'S RECOMMENDATION:

Recommended _____ for _____ years Effective date _____

Not recommended _____ Signature _____ Date _____

C. Recommendation for PROMOTION (Clinical Teaching Track) (Subject to final approval by the Chancellor)

PRIMARY UNIT'S RECOMMENDATION:

Recommended _____ for _____ Effective date _____
(Title/Rank)

Not recommended _____ Signature _____ Date _____

DEAN'S RECOMMENDATION:

Recommended _____ for _____ Effective date _____
(Title/Rank)

Not recommended _____ Signature _____ Date _____

PROVOST'S RECOMMENDATION:

Recommended _____ for _____ Effective date _____
(Title/Rank)

Not recommended _____ Signature _____ Date _____