University *of* New Hampshire

College of Liberal Arts  
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College of Liberal Arts   
Renewal of Clinical Faculty Members

Please submit to the Liberal Arts Dean's Office by April 1

Name of faculty member:

Rank:

Department:

The term of appointment requested is for the Academic Year(s): from to

*(Appointments for full professors or associate professors may be for up to five years; assistant professors are annual appointments.)*

Initials of department chair or program director to indicate that this appointment has received approval required from the by-laws of your department/program:

**Attach the Chair's evaluation of the faculty member's annual performance.**

If this was a multi-year appointment, evaluations must be attached for each year of the previous term.

**Attach a current and complete CV from the faculty member.**

Identify any expectations of the faculty member regarding teaching and/or service and any other non-standard privileges being extended to the clinical faculty member, such as the right to attend department meetings:

Signature of Department Chair or Program Director: Date:

Signature of Dean: Date:

Signature of Provost: Date: