

**Joint Reappointment  
Joint Chair Attestation Document for Joint  
Appointments**

Faculty Member Name:

Term of Reappointment:

*Please Check All Boxes:*

In recommending this faculty member for reappointment this faculty member has consistently demonstrated behaviors in keeping with our Professionalism values, standards and expectations.

This faculty member remains in good standing and is an active participant in the Department/Center of

Joint Chair Signature

Print Chair Name

Department: Date: