RUSH UNIVERSITY

RECOMMENDATION FORM

Appointment Type:
(Use dropdown)

Appointment Rank:
(Use dropdown)

_____

Faculty Member Name

_____

Primary Department/Section/Division

_____

Joint Department/Section/Division (if applicable)

_____

Primary Department Chairperson/Dean   Signature   Date

_____

Joint Department Chairperson/Dean (if applicable)   Signature   Date

Recommendation for approval as applicable (signatures):

_____

President, Medical Staff (if applicable)   Signature   Date

_____

College Dean (if applicable)   Signature   Date

_____

Chairperson, COSFAP (if applicable)   Signature   Date