

OF THE CITY UNIVERSITY OF NEW YORK

REAPPOINTMENT

Date

TO: _____

FROM: _____
Name Department

SUBJECT: Reappointment of _____

I am transmitting the following documents for your review and where appropriate your signature:

_____ Memorandum of Transmittal (PN654)

_____ Conference Memorandum

_____ *Typed Curriculum Vita (in university format)

*For Tenure/CCE reappointments only

PN664
8/97

NEW YORK CITY TECHNICAL COLLEGE

DOCUMENT CERTIFICATION -