



**NEW YORK CITY
COLLEGE OF TECHNOLOGY**

THE CITY UNIVERSITY OF NEW YORK

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INSTRUCTIONAL STAFF RELATIONS
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MEMORANDUM OF TRANSMITTAL

DATE: _____

TO: **Instructional Staff Relations**

FROM: _____
Name

_____ Department/Program

SUBJECT: () Appointments Committee Action
() Peer Committee Action
() Promotion to Professor

2nd [] year Reappointment
3rd [] or 5th [] 6th []
4th [] or Tenure []

Staff Member _____
(last name, first)

Rank _____

At its meeting of ___/___/___, the above indicated committee took the following action with respect to the above-named individual on the date indicated.

The vote on this matter was _____ - _____ - _____.
yes no abstain

	<u>Recommended</u>	<u>Not Recommended</u>
a) Appointment	_____	_____
b) Reappointment	_____	_____
c) Reappointment with Tenure	_____	_____
d) Promotion to Senior CLT	_____	_____
e) Appt. to Rank of Adjunct Assist. Prof.	_____	_____
f) Promotion to Associate Professor	_____	_____
g) Promotion to Professor	_____	_____

I hereby certify that all the annual evaluations, observations, student opinion reports, memoranda, and any other appropriate documents were available to all members of the committee.

Signature of Chair/Coordinator

Noted by: _____
Academic Dean Date