



Acknowledgement Statement

I, _____, _____ acknowledge that I am being proposed for an
 (first and last name) (title)
 appointment as _____ of _____
 (rank) (dept)
 for a period of ____ year(s)* in the Department of _____ at
 (dept)
 Cooper Medical School of Rowan University (CMSRU).

Signature

Date

***Terms are:**

- Instructor – 2 years
- Assistant Professor – 2 years
- Associate Professor – 3 years
- Professor – 3 years

Faculty will be reappointed to additional terms upon favorable review by Department Chair and recommendation of the CMSRU A&P Committee and Dean.