

# RECOMMENDATION FOR APPOINTMENT

WEILL CORNELL MEDICAL COLLEGE  
CORNELL UNIVERSITY

Name, Degree(s):

Date:

To the Position of  
(WCMC title):

Department:

Division:

Effective Date:

Until:

NYPH Title:

Department:

Effective Date:

Until:

Nature of Action:

☐ Full-time ☐ Part-time % FTE

Appointment Type:

Pathway/ Faculty:

Hospital Affiliation  
(if not NYPH):

Area of Excellence:

Salary/Stipend Source:

For Fellows: ☐ ACGME ☐ Non-ACGME

Appointment contingent upon valid non-immigrant visa status: ☐ YES

Comments regarding  
recommendation:

Please refer to the *Academic Staff Handbook* for instructions on items that must accompany this form.

## APPROVALS

Division Chief/  
Affiliate Dept. Chair:

Date:

Name:

Dept. Chair:

Date:

Name:

Dean/Vice Dean/  
Designee:

Date:

FOR OFFICE OF FACULTY AFFAIRS USE ONLY

☐ HR ☐ HO ☐ IM ☐ MS ☐ WCMC-Q ☐ DEPT



Weill Cornell  
Medicine  
Medical College

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