

RECOMMENDATION FOR TERMINATION OF APPOINTMENT

Weill Cornell Medical College, Cornell University

Date: _____

It is recommended that the following resignation/termination be accepted:

Name: _____

Title: _____

Date to be effective (last day of appointment): _____

Comments regarding recommendation:

In most cases, a personal email address is needed to notify the faculty member that their appointment is ending/has ended. Please provide a personal email address:

If unable to provide a personal email address, please provide a mail forwarding address:

by: _____
Head of Sub-department

by: _____
Head of Department

(Do not write below this line)

Submitted to: _____

Approved by: _____

Submitted to: _____

Approved by: _____