



Acknowledgement Statement

I, _____, acknowledge that I am being proposed for an appointment as _____ of _____ for a period of _____ year(s)* in the Department of _____ at Cooper Medical School of Rowan University (CMSRU).

Signature

Date

***Terms are:**

Adjunct or Clinical Instructor – 2 years
Adjunct or Clinical Assistant Professor – 2 years
Adjunct or Clinical Associate Professor – 3 years
Adjunct or Clinical or Emeritus 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.