**CLINICAL (Track) FACULTY**

**Reappointment Letter Template**

**This letter template is sent from the Department to the faculty after Board of Trustee approval**

Date

Name

Address

Dear Dr. \_\_\_\_\_\_\_\_\_\_\_\_:

We are pleased to inform you that we our recommending your reappointment on the Clinical Faculty as Assistant/Associate Professor-Clinical for a period of X years pending The Board of Trustees approval.

Your reappointment is effective [insert date]. During the penultimate year of this term, in 20xx/xx, a formal review will be conducted and you will be informed if you will be reappointed to a subsequent term.

The other terms and conditions of your original letter of offer remain the same. We look forward to your continued contributions to The Ohio State University College of Medicine.

Sincerely,

Chair Name

Title