*ENDOWED APPOINTMENT – REMAINS CODED AS FACULTY. All Endowed appointments and renewals are reported to the Board of Governors.*

Date:

TITLE & NAME

ADDRESS

Dear TITLE & NAME

On behalf of the SCHOOL/COLLEGE and DEPARTMENT, we are pleased to offer you an appointment as the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Endowed Professor for the term of START DATE through END DATE.

[You will continue as FACULTY RANK with University year (9-month) tenure in the Department of \_\_\_\_.

**OR** You will continue as Professor (Clinical-Educator) in the Department of \_\_\_\_.]

Your salary rate per [12-month year, University-year] will remain unchanged except as it may be adjusted under official University salary adjustment policy. TERMS: [example: In addition, you will receive an annual research allocation from the endowment’s income in the amount of $\_\_\_ per year.] The terms of this offer may not be modified or altered by any oral statements or representations. This offer may be modified only in writing, signed by a University official as authorized by University Policy.

We are pleased to offer you this appointment as the SCHOOL/COLLEGE’s holder of the \_\_\_\_\_\_\_\_\_Endowed Chair in the Department of \_\_\_\_\_\_. This is a subsidy-conditioned appointment contingent on continuing income from the \_\_\_\_Endowed Chair. We take special pleasure in offering you this appointment. An appointment to an Endowed Chair is among the highest honors that the University can bestow on a member of its faculty. Such an appointment recognizes exceptional achievement and great promise for strengthening and advancing the field of \_\_\_\_\_\_. Your commitment to excellence in teaching, scholarly activity and community services reflect the values of and ideals of the benefactors.

If, as we hope, you find this offer to be satisfactory as presented, please indicate your acceptance by signing, dating, and returning the original and one copy (enclosed) of this letter. A second copy is enclosed for your file. An offer for which a signed acceptance is not received within NUMBER days of the date tendered shall be rescinded and considered null and void. We look forward to your favorable response which should be returned directly to \_\_\_\_\_\_.

Sincerely,

CHAIR DEAN

DEPARTMENT SCHOOL/COLLEGE

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Laurie M. Lauzon Clabo, PhD

 Interim Provost and Senior Vice President for Academic Affairs

I accept the terms and conditions of this offer.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                        \_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME                                                Date