Template

**NONRENEWAL NOTICE**

(Bracketed areas: Follow directions or fill in appropriate information.)

**[Date]**

**[Name]**

**[Address]**

**[City]**, **[State] [Zip]**

Dear Dr. **[Name]**:

Our records indicate that your appointment terminates on **[contract end date]**. In accordance with University statutes, University policies and procedures, and the WSU/AAUP-AFT Agreement, it is my responsibility to inform you at this time that your appointment will not be renewed.

Sincerely,

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**[name]** **[name]**

Chair, Dept. of **[department]** Dean, College of **[college]**

cc: Associate Provost for Faculty Affairs, facultyaffairs@wayne.edu

 Wayne Academic Union AAUP-AFT, office@waunion.org