

ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI
AFFILIATE FACULTY TRACK
APPOINTMENTS, PROMOTIONS AND TENURE
TRANSMITTAL SHEET

Name: _____ Degree: _____

Degree: _____

Department: _____

Present Rank at Mount Sinai (if applicable): _____

Action Requested: _____
(Appointment Transfer, New Appointment, Other)

Primary Affiliation: _____

Current Teaching Duties: _____

Other Academic Responsibilities: _____

Citizenship: _____

E-Mail Address: _____

Nominating Signatures:

Affiliate Hospital President

Chair, Icahn School of Medicine at Mount Sinai

Date: _____

Date: _____