

Candidate Name: [insert candidate name]

**Eastern Kentucky University
Reconsideration by Department Committee
2025-2026 Academic Year**

The faculty member may request reconsideration of the Department committee's recommendation, the Department Chair's recommendation, or both within ten (10) calendar days of notification. (See Policy 4.6.5, p. 7). Requests should be submitted in writing, should address concerns raised by the Department committee and/or the Department Chair, and may include additional information in support of the clarification.

On [insert date], the faculty member requested reconsideration by the Department Committee of its recommendation for non-reappointment. The letter is attached.

The result of the review is that the initial recommendation for **NON-REAPPOINTMENT** was [insert Reversed or Affirmed] on the following grounds:

Department Committee

| | | |
|---------------------------------------|-----------|------|
| Committee Member Name (Printed/Typed) | Signature | Date |
|---------------------------------------|-----------|------|

| | | |
|-------|-------|-------|
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Faculty member's signature and date acknowledging receipt of the reconsideration recommendation:

| | |
|-------|-------|
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|-------|-------|

Candidate Name: [insert candidate name]

**Eastern Kentucky University
Reconsideration by Department Chair
2025-2026 Academic Year**

The faculty member may request reconsideration of the Department committee's recommendation, the Department Chair's recommendation, or both within ten (10) calendar days of notification. (See Policy 4.6.5, p. 7). Requests should be submitted in writing, should address concerns raised by the Department committee and/or the Department Chair, and may include additional information in support of the clarification.

On [insert date], the faculty member requested reconsideration by the Department Chair of its recommendation for non-reappointment. The letter is attached.

The result of the review is that the initial recommendation for **NON-REAPPOINTMENT** was [insert Reversed or Affirmed] on the following grounds:

Department Chair

Department Chair's Signature

Date

Faculty member's signature and date acknowledging receipt of the reconsideration recommendation:

Signature

Date