

OFFICE OF THE VICE CHANCELLOR FOR ACADEMIC SERVICES

Date:		
For:	Dean/Director	
Attention:	Department Chair/Program Director	
From:	Signature of Instructor/Professor/ASF over Printed Name	
	() Full-time Probationary () Full-time Permanent () Full-time Fixed () Part-time Status	
	 Department	
Subject:	Letter of Intent for Appointment Renewal	
Upon invitation of the concerned that I:	Dean/Director of the College/Department of, I would like to inform all	
	o renew my appointment as a/the () Faculty Member/() Chair/Program Director/Coordinate his College/Department for the (1st) (2nd) (3rd) semester/term of SY	or/
() do not Coordinate following r	ntend to renew my appointment as a/the () Faculty Member/() /Chair/Program Director/ /() ASF in this College/Department for (1st) (2^{nd}) (3^{rd}) semester/term of SY1 asons:	for the
Thank you very muc		

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