



Please fill out this form completely to submit a termination request. This form should be accompanied by a form of correspondence that notifies the faculty member or affiliate of their appointment’s termination, i.e. termination notification via email or formal letter or a copy of a resignation notification. Termination documents should be submitted to the [BMFA Faculty Actions](#) site. Please email our office at BMFA@brown.edu with any questions.

Note: All **academic faculty** must receive notice of non-renewal 12 months (if a faculty member for 3 or more years) or 9 months (if a faculty member for less than 3 years) preceding the expiration of their current faculty appointment.

Faculty or Affiliate’s Full Name: _____

Termination Date: _____

Retroactive termination requests that are 180 days past the current date will result in immediate loss of University services (email, library access, etc.) If you have access concerns for the above listed faculty member, please reach out to BMFA.

Retroactive termination requests more than 1 year old will be noted in our records, but faculty will not receive a letter from the University.

Reason for Termination:

Relocation

No longer contributing to the department

End of appointment

Has not responded to requests for reappointment paperwork

Retirement and will not be appointed Emerita/us

Death

No longer employed by an affiliated entity.

Note: This applies to Research Scholar, Teaching Scholar, (Research), and Clinician Educator faculty appointments.

Other: _____

Attached:

- Notification of termination or a copy of the resignation letter

Department Chair Signature

Date