# Format for Institutional Commitments for Endowed Professorships TEMPLATE

# (please copy and paste relevant section below into your personal letterhead)

[DATE]

[NAME, DEGREE]

Dean of the Faculty of Medicine
Harvard Medical School

Gordon Hall

25 Shattuck Street

Boston, Massachusetts 02115

Dear Dean [NAME],

**Appointment to Endowed Professorship**

[AFFLIATED INSTITUTION] requests the appointment of Dr. [CANDIDATE FULL NAME] as the [NAMED] Professor of [DEPARTMENT].  At appropriate intervals, typically no less often than every five years, the Dean may, with the advice of the trustees of [AFFLIATED INSTITUTION], review the status of this appointment to the endowed professorship.

**Appointment to Endowed Associate Professorship**

[AFFLIATED INSTITUTION] requests the appointment of Dr. [CANDIDATE FULL NAME] as the [NAMED] Associate Professor of [DEPARTMENT].  At appropriate intervals, typically no less often than every five years, the Dean may, with the advice of the trustees of [AFFLIATED INSTITUTION], review the status of this appointment to the endowed chair.

[HOSPITAL PRESIDENT/CEO SIGNATURE]