

ECI TERMINATION CERTIFICATION FORM

THIS FORM SHOULD BE COMPLETED WHEN A DEPARTMENT TERMINATES A FACULTY PRACTICE GUARANTEE

By signing this form, the Department certifies that the current Faculty Practice Guarantee has been terminated.

Faculty Member _____

Department _____

ECI Start Date _____

ECI End Date _____

Guarantee Termination Date _____

Guarantor	Guarantee Amount	Guarantee Term	Total Guarantee Payment

Additional Information (attach additional sheets, if necessary):

Signature _____

Printed Name _____

Title _____

Date _____