

APPOINTMENT ACTION SUMMARY FORM

(Required only if appointment to full-time regular faculty at Associate Professor with Tenure or Professor)

Candidate's Name: _____ Degree: _____

School: _____ Department/Division: _____

Proposed Rank of: _____ Proposed Appointment Date: _____

Proposed Tenure Status: Tenured Tenure-Earning Non-Tenure Earning

Procedure to Date:

- Provide the number of votes in all cases except the dean's and department chair's recommendations.
- Report only the votes of full-time regular faculty.
- Report only the votes of faculty members at the proposed rank or above for appointment.
- Report only the votes of tenured faculty members for award of tenure.
- Fill in N/A if a particular vote or report does not apply.

Appointment to Rank of Associate Professor or Professor:

Departmental Committee	#For <input type="checkbox"/>	#Against <input type="checkbox"/>	#Abstain <input type="checkbox"/>	#Absent <input type="checkbox"/>	Report Attached? <input type="checkbox"/>
Department Chair	For <input type="checkbox"/>	Against <input type="checkbox"/>			Report Attached? <input type="checkbox"/>
School/College/Library Committee	#For <input type="checkbox"/>	#Against <input type="checkbox"/>	#Abstain <input type="checkbox"/>	#Absent <input type="checkbox"/>	Report Attached? <input type="checkbox"/>
Dean _____	For <input type="checkbox"/>	Against <input type="checkbox"/>			Report Attached? <input type="checkbox"/>
Dean _____	For <input type="checkbox"/>	Against <input type="checkbox"/>			Report Attached? <input type="checkbox"/>

Award of Tenure (if applicable):

Departmental Committee	#For <input type="checkbox"/>	#Against <input type="checkbox"/>	#Abstain <input type="checkbox"/>	#Absent <input type="checkbox"/>	Report Attached? <input type="checkbox"/>
Department Chair	For <input type="checkbox"/>	Against <input type="checkbox"/>			Report Attached? <input type="checkbox"/>
School/College/Library Committee	#For <input type="checkbox"/>	#Against <input type="checkbox"/>	#Abstain <input type="checkbox"/>	#Absent <input type="checkbox"/>	Report Attached? <input type="checkbox"/>
Dean _____	For <input type="checkbox"/>	Against <input type="checkbox"/>			Report Attached? <input type="checkbox"/>
Dean _____	For <input type="checkbox"/>	Against <input type="checkbox"/>			Report Attached? <input type="checkbox"/>

SIGNATURES

Departmental Appointment Committee: _____

Department Chair: _____ School/College/Library Committee Chair: _____

Dean, (School of _____): _____

Dean, (School of _____): _____

Provost: _____

President (if required): _____