

SCHOOL OF ARTS AND SCIENCES
Faculty Personnel Action Sheet

**PROPOSAL FOR REAPPOINTMENT AS RESEARCH ASSOCIATE PROFESSOR
OR RESEARCH PROFESSOR**

Name _____

Highest Degree _____ Date _____

Submitted by Department of _____

DOSSIER (20 copies) **Please paginate dossier and list page numbers before duplicating it.**

- _____ Letter from Department Chair (including exact vote)
- _____ Curriculum Vitae of Candidate
(indicate refereed articles and number of pages for each publication)
(include grant support information when appropriate)

CHAIR'S SIGNATURE _____

DATE _____