

SCHOOL OF ARTS AND SCIENCES
Faculty Personnel Action Sheet

PROPOSAL FOR REAPPOINTMENT AS ASSISTANT PROFESSOR

Name _____
Effective _____ for a period of _____ years
Department _____

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

- _____ Letter from Department Chair (including exact faculty vote)
- _____ Curriculum Vitae of Candidate
(indicate refereed articles and number of pages for each publication)
(include professional book reviews when appropriate)
(include grant support information when appropriate)
- _____ Personal Statement: (teaching and research – approaches and goals)
- _____ Teaching Chronicle (SAS Form 99-15)
- _____ Teaching Evaluations
- _____ Distribution of Current Faculty (SAS Form 99-16)
- _____ Intramural Letters of Reference (at least 3 or report
of department committee)

CHAIR'S SIGNATURE _____

DATE _____