

SCHOOL OF ARTS AND SCIENCES
Faculty Personnel Action Sheet

PROPOSAL FOR REAPPOINTMENT AS RESEARCH 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 grant support information when appropriate)

_____ Intramural Letters of Reference (at least 2 or report
of department committee)

CHAIR'S SIGNATURE _____

DATE _____