

JPF# _____

Search Waiver, Date Approved _____

ASSISTANT PROFESSOR DATA SUMMARY

NAME: _____ DEPT/LOC: _____ REVIEW # _____
 (Last Name, First Name, Middle Name, Degree(s)) SEC DEPT: _____

TYPE OF REVIEW(S):
 (check ALL applicable categories)

Appointment Renewal of Appointment Recommend for Recommend against Merit 4-Year Review	"Eight-Year Limit" Review Promotion Joint Appointment Secondary Department: _____ Change in Series Change in Department Change in Status
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Mailing Address:

PRESENT STATUS	PROPOSED STATUS
Rank & Step: _____ Scale 0 Rate: _____ 11 mo APU: _____ Plan: _____ Scale Rate: _____ Years at Rank: _____ Years at Step: _____ Years towards 8yr Limit: _____	Rank & Step: _____ Scale 0 Rate: _____ 11 mo APU: _____ Plan: _____ Scale Rate: _____ Effective Date: _____

A current, up-to-date history record is required. Insert immediately following this page.

To be completed by Dean's Office of School or College having jurisdiction:

This action: _____ Dean assumes that with respect to the School or College, this action: _____

Does not require Council on Academic Personnel Review Bears the required Council on Academic Personnel Comment Requires submission by the Chancellor to Council on Academic Personnel	Represents final action Requires Chancellor's approval for the acceleration Requires Chancellor's approval for the off-scale Requires Chancellor's approval for retroactivity Dean has no authority, Chancellor's approval required
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DEAN'S ACTION: _____ DATE: _____

CHANCELLOR'S ACTION: _____ DATE: _____