

ASSISTANT PROFESSIONAL RESEARCH DATA SUMMARY

NAME: _____ DEPARTMENT: _____
(Last Name, First Name)

TYPE OF REVIEW(S): _____ Review # _____
 (check ALL applicable categories)

- Appointment
- Merit
- Change in Department
- Joint Appointment
- Secondary Department: _____
- Promotion
- Other: _____

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

**A CURRENT, UP-TO-DATE HISTORY RECORD IS REQUIRED
 INSERT IMMEDIATELY FOLLOWING THIS PAGE**

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

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

requires Chancellor's approval for retroactivity

bears the required Council on Academic Personnel Comment

represents final action

DEAN'S ACTION:

CHANCELLOR'S ACTION: _____ DATE: _____