Academic Year _____ - ____

Faculty Member	Name:			
	Last		First	Middle Initial
Terminal Degree:		Employee Identification Number:		
Faculty Candidat	e's Home Address:			
			(Street)	
			E-Mail Address:	
(City)	(State)	(Zip)		
Check applicable	e action(s) recommen	ded and provid	e information	in corresponding sections
Faculty Pron	notion to Associate Pr	ofessor	Faculty Promotion to Professor	
Other Rank (Change to		_	Award of Tenure
Candidate's Sign	ature:		Date:	
			Dutc.	
Department's Co	ontact for Questions I	Related to this F	Request:	
Printed Name		E-Mail Addres	5S	Campus Phone #
Candidate's Prim	nary Faculty Appointr	nent Resides in:	Medicine	
			School	Department
Original Service Date:		Initial Date of Appointment to Faculty Status:		
Current Academic Rank:		Date Appointed to Current Rank:		
	Status (Select one and			
Non-tenure earn	-	Tenure-earn		Tenured:
Date appointed to Tenure track: (If a		Da oplicable)	te Tenure Aw	varded: (If applicable)
Number of years	with active faculty r	ank at other ins	titutions of h	igher education:
	ence (choose ONLY O		ure, ONLY TW	O for Tenure-earning and Tenure
Service		Research		Teaching