REQUEST FOR ACADEMIC PERSONNEL ACTION: MULTIPLE-YEAR REVIEW

1	ш	
1	1	
7	T	

This form is only for renewals of faculty and academic professionals who are already on multi-year (non-rolling) appointments.

No written notification may be given to the individual until the process has been completed and the provost has notified the dean.

D BE COMPLETED BY THE DEAN OR UNIT CHAIR NAME OF INDIVIDUAL (PeopleSoft name)			ASU ID	ASU ID		
ITLE (rank from <u>ACD505-02</u> or <u>AC</u>	<u>D505-03</u> and adn	ninistrative title)				
COLLEGE (no acronyms)			UNIT (no acro	UNIT (no acronyms)		
CLASSIFICATION (Please check one):				TYPE OF APPOINTMENT (TYPE OF APPOINTMENT (Please check one):	
FACULTY (see ACD505-02 for titles that fall within this classification)			•	FISCAL	ACADEMIC	
ACADEMIC PROFESSIO	NAL (see <u>ACD50</u>	5-03 for titles that	t fall within this classificatior	1)	ACABLIMIC	
AST ACADEMIC PERSONNEL ACTION	ON	ACADEMIC YEAR OF ACTI	ACADEMIC YEAR OF ACTION REVIEWED			
TION REQUESTED						
If an individual is seeking TV requested (e.g., multi-year			•	and submit a separate forr	n for each action	
Multi-ye	ar action unde	er consideration	on:			
COMMENDATIONS						
Recommendation Of	Approve	Deny	Signature (Committee chair where appropriate)		Date	
Unit Committee chair						
Center/Institute Director						
Unit Chair/Director						
College Committee						
College Dean						
University Committee						
University Provost						
NOTES						
UNIVERSITY ACTION						