

REQUEST FOR ACADEMIC PERSONNEL ACTION: FIXED-TERM PROMOTION REVIEW # _____

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

TO BE COMPLETED BY THE DEAN OR UNIT CHAIR

NAME OF INDIVIDUAL (Official first and last name)	RANK (Rank from ACD505-02 or ACD505-03 only and no administrative titles)	ASU ID	DATE
COLLEGE/INDEPENDENT UNIT		ACADEMIC UNIT , IF APPLICABLE (No acronyms)	
CLASSIFICATION (Please check one): FACULTY (See ACD505-02 for titles that fall within this classification) ACADEMIC PROFESSIONAL (See ACD505-03 for titles that fall within this classification)		TYPE OF APPOINTMENT (Please check one): FISCAL ACADEMIC DATE APPOINTED TO CURRENT RANK (Example: if candidate is currently at the associate rank, use the date appointed at the associate rank):	

ACTION REQUESTED

<p>1. Below, select the button applicable to the individual named above. 2. Within that section, click on the arrow to select the appropriate action from the drop-down menu. 3. If an individual is seeking TWO ACTIONS, check this box and complete and submit a separate form for each action requested (e.g., multi-year renewal and promotion for fixed-term faculty).</p>	
Fixed-Term Faculty	Action under consideration:
Fixed-Term Academic Professionals	Action under consideration:

RECOMMENDATIONS

Recommendation Of	Approve	Deny	Signature (Committee chair where appropriate)	Date
Unit Committee				
Center/Institute Director				
Unit Chair/Director				
College Committee				
College Dean				
University Committee				
University Provost				

NOTES	
UNIVERSITY ACTION	
DATE DECISION LETTER SENT	VERIFIED BY