

REQUEST FOR ACADEMIC PERSONNEL ACTION: REVIEW OF MULTIPLE-YEAR APPOINTMENT

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.

TO BE COMPLETED BY THE DEAN OR UNIT CHAIR

NAME OF INDIVIDUAL (Official first and last name)		ASU ID	DATE
TITLE (rank from ACD505-02 or ACD505-03 and administrative title, if any)			
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	
LAST ACADEMIC PERSONNEL ACTION		ACADEMIC YEAR OF ACTION REVIEWED	

ACTION REQUESTED

<p>If an individual is seeking TWO ACTIONS, check this box <input type="checkbox"/> and complete and submit a separate form for each action requested (e.g., multi-year renewal and promotion for fixed-term faculty).</p>
<p>Multi-year action under consideration:</p>

RECOMMENDATIONS

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				
DATE DECISION LETTER SENT			VERIFIED BY	