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REQUEST FOR ACADEMIC PERSONNEL ACTION

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 D	EAN OR UNI	IT CHAIR							
NAME OF INDIVIDUAL	NAME OF INDIVIDUAL		RANK (Rank from A	ACD505-02 or ACD505-03)	ASU ID	DATE			
COLLEGE				UNIT (No acronyms; Leave blan	UNIT (No acronyms; Leave blank if not applicable)				
CLASSIFICATION (Please check one): FACULTY (see ACD505-02 for titles that fall within this classification)				TRACK START DATE					
ACADEMIC PROFESSION within this classification)	NAL (see <u>ACD5</u>	<u>505-03</u> for tit	tles that fall	LAST ACADEMIC PERSONNEL AC	LAST ACADEMIC PERSONNEL ACTION ACADEMIC YEAR OF ACTION REVIEWED				
ACTION REQUESTED									
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., tenure and promotion to full professor).									
○ Tenured/Tenure-Track									
Continuing Status/Probationary Academic Professionals Action under consideration: Expiration of probationary period: (for Probationary APs only)									
RECOMMENDATIONS									
Recommendation Of	Approve	Deny	Conditional (Probationary Review Only)		ature Where Appropriate)	Date			
Unit Committee									
Center/Institute Director									
Unit Chair/Director									
College Committee									
College Dean									
University Committee									
University Provost									
PROVOST'S OFFICE USE ONLY: NOTES									
UNIVERSITY ACTION									
DATE DECISION LETTER SENT			VERIFIED BY						