

Approvals for Multi-Year, Merit-Based Non-Tenure Track Appointment

Campus _____ Date _____

Name of
Candidate _____

Department _____

Current UA Position and Title _____
(or indicate if initial appointment)☐ Position and/or Title will change Proposed Position and/or Title: _____

Effective date of proposed appointment: _____

Term of Appointment 3 Years ____ 5 Years ____ (professorial ranks only)

<input type="checkbox"/> Recommended	_____	_____
<input type="checkbox"/> Not Recommended	Chair of the Department Unit Personnel Committee	Date
	# of Yes ____ # of No ____	

<input type="checkbox"/> Recommended	_____	_____
<input type="checkbox"/> Not Recommended	Department Chairperson	Date

<input type="checkbox"/> Recommended	_____	_____
<input type="checkbox"/> Not Recommended	Chair of College/Division Committee	Date
	# of Yes ____ # of No ____	

<input type="checkbox"/> Recommended	_____	_____
<input type="checkbox"/> Not Recommended	Dean of the College	Date

<input type="checkbox"/> Recommended	_____	_____
<input type="checkbox"/> Not Recommended	Provost	Date