

Appointment Action Summary Form

(Required only if appointment to full-time regular faculty at Associate Professor with Tenure/Professor)

Candidate's Name: _____ Degree: _____

School: _____ Department/Division: _____

Proposed Rank of: _____ Proposed Appointment Date: _____

Proposed Tenure Status: Tenured Tenure-Earning Non-Tenure Earning

Procedure to Date:

- Provide the number of votes in all cases except the dean's and department chair's recommendations.
- Report only the votes of full-time regular faculty.
- Report only the vote of faculty members at the proposed rank or above for appointment.
- Report only the vote of tenured faculty members for award of tenure.
- Fill in N/A if a particular vote or report does not apply.

Appointment to Rank of: Associate Professor or Professor

Departmental Committee	#For	<input type="checkbox"/>	#Against	<input type="checkbox"/>	#Abstain	<input type="checkbox"/>	#Absent	<input type="checkbox"/>	Report attached?	<input type="checkbox"/>
Department Chair	For	<input type="checkbox"/>	Against	<input type="checkbox"/>					Report attached?	<input type="checkbox"/>
School Committee	#For	<input type="checkbox"/>	#Against	<input type="checkbox"/>	#Abstain	<input type="checkbox"/>	#Absent	<input type="checkbox"/>	Report attached?	<input type="checkbox"/>
Dean, School of _____	For	<input type="checkbox"/>	Against	<input type="checkbox"/>					Report attached?	<input type="checkbox"/>
Dean, School of _____	For	<input type="checkbox"/>	Against	<input type="checkbox"/>					Report attached?	<input type="checkbox"/>

Award of Tenure (if applicable)

Departmental Committee	#For	<input type="checkbox"/>	#Against	<input type="checkbox"/>	#Abstain	<input type="checkbox"/>	#Absent	<input type="checkbox"/>	Report attached?	<input type="checkbox"/>
Department Chair	For	<input type="checkbox"/>	Against	<input type="checkbox"/>					Report attached?	<input type="checkbox"/>
School Committee	#For	<input type="checkbox"/>	#Against	<input type="checkbox"/>	#Abstain	<input type="checkbox"/>	#Absent	<input type="checkbox"/>	Report attached?	<input type="checkbox"/>
Dean, School of _____	For	<input type="checkbox"/>	Against	<input type="checkbox"/>					Report attached?	<input type="checkbox"/>
Dean, School of _____	For	<input type="checkbox"/>	Against	<input type="checkbox"/>					Report attached?	<input type="checkbox"/>

SIGNATURES

Departmental Appointment Committee _____

Department Chair _____ School Committee Chair _____

Dean, (School of _____) _____

Dean, (School of _____) _____

Provost _____

President (if required) _____