Appendix G: Summary of Action Form (Template)

Request for: ____ Continuing Appointment and Promotion to Associate Professor

____ Continuing Appointment ____ Promotion to Full Professor

on behalf of _____
(name of candidate)

of the department of _____in the _____
(name of department) (name of school)

Departmental Recommendation

Date of faculty meeting _____

Results of departmental vote:	For	Against	Abstain
Tenured Faculty	_____	_____	_____
Non-Tenured Faculty	_____	_____	_____
Total Faculty Vote	_____	_____	_____

_____Chair's Recommendation

____ Approve ____ Disapprove

_____
(Chair's signature) (Date)

Second Level Academic Review Committee

_____ Date of Meeting _____
(name of committee)

Results of vote:	For	Against	Abstain
Faculty Vote	_____	_____	_____

Dean's Recommendation

____ Approve ____ Disapprove

_____
(Dean's signature) (Date)

Council on Promotions and Continuing Appointment

Date of Meeting _____

Results of vote:	For	Against	Abstain
Total Vote	_____	_____	_____

_____
(CPCA Chair's signature)

Provost's Recommendation

____ Approve ____ Disapprove

_____
(Provost's signature) (Date)

President's Action

____ Approve ____ Disapprove

_____
(President's signature) (Date)