

COVER SHEET FOR ADVANCEMENT OF TERM FACULTY

College of _____

1. Full Name: _____
2. Pronouns (*optional*): _____
3. Current Rank: _____
4. Primary Department: _____ Secondary Appointment (if any):

5. Action being considered: _____
6. Date of First Appointment at Iowa State: _____
7. Date of Current Term Faculty Rank: _____
8. Do you have a formal appointment in Extension and Outreach? Yes No
9. Highest Degree Earned:

Degree:

Field:

Institution:

Year:

10. Voting record on this recommendation (Include those that apply and account for all eligible voters in each category):

Departmental Committee (totals) ___ Yes ___ No ___ Abstain ___ Absent ___ On Leave

Department Faculty (totals) ___ Yes ___ No ___ Abstain ___ Absent ___ On Leave

Dept Chair Recommendation ___ Yes ___ No

College Committee (if applicable) ___ Yes ___ No ___ Abstain

Dean Recommendation ___ Yes ___ No