

Department Candidate Form

Department: _____

Faculty Candidate
Name: _____

First Name Last Name

Position Requested: Assistant Professor w/o T
(check one) Associate Professor w/T Associate Professor w/o T
Professor w/T Professor w/o T

Ph.D.: _____
Date University

Current Position: _____

Specialty Area: _____

Brief research description:

Department Contacts:

Faculty: _____ Email: _____ Phone: _____

Staff: _____ Email: _____ Phone: _____

College Representative*: _____ Department: _____

College Representative*: _____ Department: _____

*Requirements: 1 representative for assistant professor and 2 representatives required for associate professor or professor

Non-Evaluative Representative: _____ Department: _____

Visit: Seminar date: _____ Dean Alec Gallimore: Date: _____

ADAA Steve Ceccio: Date: _____

Other AD: _____ Date: _____