

# Department Candidate Form

Department: \_\_\_\_\_

Faculty Candidate  
Name: \_\_\_\_\_

First Name Last Name

Position Requested: (check one)      Assistant Professor w/o T      Associate Professor w/o T      Assoc Prof of Eng  
Associate Professor w/T      Professor w/o T      Practice  
Professor w/T      Professor of Eng Practice

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 Steve Ceccio: Date: \_\_\_\_\_

ADAA Mingyan Liu: Date: \_\_\_\_\_

Other AD: \_\_\_\_\_ Date: \_\_\_\_\_