

AUSTIN PEAY STATE UNIVERSITY
Recommendation for Faculty Appointment

TO: Vice President for Academic Affairs

FROM:

Recommended by Chair/Coordinator

Recommended by Dean of the College

Name: _____ SS# _____ Birth Date: _____

Is recommended for appointment to a faculty position, effective _____ in

The Department/Area of: _____

Specific Area of Instruction: _____ CIP Code _____

At a 9-mo () 10-mo () 11-mo () 12-mo () Salary of: \$ _____

This appointment is to be:

Full Time () Academic () Fiscal () Other ()

Temporary: 9-mos () 12-mos () () Other: _____

Tenure-Track: 9-mos () 12-mos () () Other:

Prior Service Countable Toward Tenure: _____ years

Budget Account No: _____ Position No: _____

Rank/Title: _____ Sex: _____ U.S. Citizen: Yes () No ()

Highest Earned Degree**: _____ Major _____ HEGIS CODE: _____

Institution: _____ Year: _____ State: _____ Country: US

**Is this degree considered the terminal degree in the discipline into which the appointee is being hired?
Yes () No () If not, please justify the exception in writing.

This individual has been recruited from:
City _____ State _____