

AUSTIN PEAY STATE UNIVERSITY

Recommendation for Temporary, One-Year
Faculty Appointment/Renewal

To: **Provost and Vice President for Academic Affairs**

From: _____
Recommended by Chair/Coordinator/Director (Print Name) Signature

Recommended by Dean of the College (Print Name) Signature

Budget Director (Print Name) Signature

Budget Account #: _____ Position #: _____
Fund Org Acct Prog

Name: _____ SS#: _____ Birth Date: _____
Race: _____ Gender: _____

Is recommended for appointment to a **temporary, one-year** faculty position, effective _____ in the
Department/Area of: _____

Specific Area of Instruction: _____ CIP Code: _____

Contract Period _____ 9-mo _____ 12-mo Salary of: \$ _____

This appointment is to be:

Full Time: _____ Academic _____ Fiscal _____ Other: _____
(Semester/Year)

Rank/Title: _____ U.S. Citizen: ___ Yes ___ No

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

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

*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

Approved: _____ Date: _____
Provost and Vice President, Academic Affairs