

SOUTHERN UTAH UNIVERSITY
Recommendation for New Faculty Appointment

Position Title _____
 Department _____
 Appointment Type (check all that apply): New _____ One-year Appointment _____
 Replacement _____ Name of Person Replaced: _____
 Sabbatical Replacement _____

Attach the position description to this form.

Name:		SSN:
Current Address:		Date of Birth:
Home Phone:	Business Phone:	Fax:
Budgeted Nine-month Base Salary:	Recommended Salary:	E-mail:
College/School:	Department:	Proposed Rank:*
*Note: Appointments to the ranks of Assistant Professor/Associate Professor/Professor in the tenure track, require the appropriate terminal degree in the discipline the faculty member will be teaching.		
Tenure status of the appointment: Tenured _____ Tenure-track/without tenure _____ Non-Tenure _____		
Preparation Required for Tenure:		
Credit Toward Tenure Recommended: Yes: _____ No: _____		No. of Years: _____
Credit Toward Rank Recommended: Yes: _____ No: _____		No. of Years: _____
Authorized to work, if not a U. S. Citizen: Yes: _____	Official academic transcripts received: Yes: _____ No: _____	
	Reviewed by the Search Committee: Yes _____ No: _____	
Beginning date of appointment: _____ Ending date of initial appointment: _____		
Other Conditions or Institutional Commitments for Appointment (e.g., moving expenses, equipment, special training, etc.):		

EDUCATION: (include degree in progress)			
Degree	Date	Major Field(s)	Institution

