

**RECOMMENDATIONS for UNUSUAL APPOINTMENT
For Rank, Years toward Tenure, or Unusual Title**

Name of Candidate: _____

Academic Unit: _____

Position Number: _____

Brief description of the position:

Proposed Non-Tenure-Line Title (F3 or F4): _____ **OR**

Proposed Tenure-Line Rank (F1): Assistant _____ Associate _____ Professor _____

Proposed Years toward Tenure _____ **OR** Proposed Granting of Tenure* _____

Unusual Title if not captured above: _____

Unusual Condition warranting this appointment (Attach Rationale):

Include Copy of Candidate's CV

*If request regards the granting of tenure or more than two years toward tenure, **you must include the date of the unit vote and the vote tally** even if the position was advertised as Associate or Professor.

Approved _____ Date _____

Department Chair

Approved _____ Date _____

Dean of College

Approved _____ Date _____

Provost