RECOMMENDATIONS
for
UNUSUAL APPOINTMENT**
e.g. Associate Professor
Professor

1. Name of candidate____________________________________________________

2. Brief description of the position________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

3. Rank proposed:  Assistant___ Associate___ Professor___

4. Unusual condition warranting this appointment
   a. Need____________________________________________________________
   b. Credentials_______________________________________________________
      __________________________________________________________________
      __________________________________________________________________
      __________________________________________________________________
      __________________________________________________________________

5. Are there existing members of the department who could fill this vacancy?
   Yes_____  No______

Approved ________________________________
Department Chairperson

Approved ________________________________
Dean of College

Approved ________________________________
Provost

** For New Hires Only. CV should accompany this form. Titles based on degree will not be processed unless an original transcript is on file.