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THE UNIVERSITY OF NOTRE DAME

Faculty Recommendation Form

TPAC, Research and Library

Faculty

Reappointment_____Promotion_____

Name_____

Department_____

Present Rank_____

Date Appointed to Present Rank_____

Proposed Rank_____

Does this position depend on the availability of outside funds?

Effective period of Proposed Appointment_____to_____

RECOMMENDATIONS

Approve Disapprove

Committee on Reappointments
 Promotions and Tenure (Enter Count)

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Department Chairperson, Director
 or Unit Head

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Dean, Univ. Librarian, Vice President,
 or Institute Director

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Signature _____ Date _____

Provost or Provost's Designee

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Signature _____ Date _____

Signature _____ Date _____