

REQUEST FOR FACULTY REAPPOINTMENT OR PROMOTION

REAPPOINTMENT	
PROMOTION	

Appointee's Name:	NSU ID Number:					
Employing Center:						
Faculty Rank:	Promotion:					
Administrative Title:	Other:					
Position Number:	Reappointment Level:					
Effective From:	Effective To:					
Term of Employment:	Salary:					
Account Numbers & Allocation:		%	%		%	
		%			<u> </u>	
Special Conditions:	ttachments: Include th	e documentatio	n listed below .			
☐ Dean's Recommendation	n					
☐ Review☐ Peer Review (Required for pro		ated Resume/Cu contract)	rriculum Vitae			
Recommended By:						
Dean:				Date:		
Approved By:						
HPD Chancellor:				Date:		
Human Resources:				Date:		
Provost/Exec VPAA:				Date:		
President/CEO:				Date:		