

Appointment, Promotion & Tenure

6	MEDICAL SCHOOL	Faculty Affai	

Completed by:

GENERAL INFORMATION				
Date Form Completed:		Sex:		
Faculty Name:		Degree:		
Work Address:		Home Address:		
Work Phone #:		Home Phone		
Work E-mail:		#: Home E-		
		mail:		
AFFILIATION INFORMATION				
Primary Dept:		Division/ Campus:		
		Division/ Campus:		
Program/Center:				
*				
PER	SONNEL ACTION			
Effective Date:				
Type of Action: Appointment Appr	t w/ Tenure	Promotion	Award of Tenure	
Rank: Cate	egory:		Track:	
Primary Area of Distinction:				
Secondary Area of Distinction: *Most faculty do NOT have a secondary AoD Comments:				

Extension: