RESET FORM

REQUEST TO ESTABLISH
NON-TENURE TRACK FACULTY POSITION

To: Provost and Vice President for Academic Affairs

Through: _____ _____
Dean College/School

From: _____ _____
Department Head Department

Date Submitted _____ Recommended Effective Date_____

Proposed Title of Position _____

Proposed Funding Source _____
Account Number

Justification for establishing position: _____
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Job Description:_____
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Qualifications:_____
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Final Action: (☐) Approved (☐) Disapproved

_____ _____
Provost Date

11/04