FAYETTEVILLE STATE UNIVERSITY
FACULTY PERSONNEL ACTION FORM
TENURE, PROMOTION, REAPPOINTMENT OR NON-REAPPOINTMENT

Name _____

Department _____ College/School _____

LAST PERSONNEL ACTION *(check one)*	**REQUESTED PERSONNEL ACTION** *(check one)*
▪ Initial 2-year Appointment _____ Date	▪ 2nd 2-year Term
▪ 2nd 2-year Term _____ Date	▪ Three-year Term
▪ Three-year Term _____ Date	▪ Promotion (_____ to _____)
▪ Promotion _____ Date (_____ to _____)	▪ Tenure
▪ Tenure _____ Date	

Requestor's Signature_____ Date _____ ___

I. DEPARTMENT TENURED SENIOR FACULTY (Number Eligible _____)			
DATE OF VOTE	**# AGREE**	**# DISAGREE**	**# ABSTAIN**

I. _____ Date _____
Chair, Departmental RPT Committee

II._____ Date _____
Department Chairperson Agree Disagree

III. COLLEGE/SCHOOL TENURE, PROMOTION, REAPPOINTMENT COMMITTEE			
DATE OF VOTE	**# AGREE**	**# DISAGREE**	**# ABSTAIN**

III. _____ Date _____
Chair, College/School Tenure, Promotion, Reappointment Committee

IV._____Date _____
College/School Dean Agree Disagree

VI._____Date _____
Vice Chancellor for Academic Affairs Agree Disagree

VII._____ Date _____
Chancellor Agree Disagree