



FACULTY NEW APPOINTMENT RECOMMENDATION FORM (F-1)

For recommendations of all new appointments of regular and visiting faculty

Date _____ Revision (circle changes) [Employee ID: _____]

SECTION I. PERSONAL INFORMATION

Name _____
Last First M

Gender Female Male Birth Date ____/____/____ SSN ____ - ____ - ____
 (Gender and Birthdate are required for pay and benefit enrollment) Marital Status _____

Citizen Citizen Alien Perm. Alien Temp. If Alien Temp., Country of Origin _____
 [If Alien Temp., send VISA Info Form, copy of appt. form, and any accompanying documentation to Office of Visa Services.]

Ethnicity _____

Current Address _____

Current Phone (____) _____ Current Email _____

Current Position _____
title institution

SECTION II. JOB INFORMATION

Appt. Start Date ____/____/____ (normally Sept 1 or Feb 1) Action New Hire Rehire Purchase Job Req# _____

Department _____ Office Location (Building) _____

Rank/Title _____

Appt. End Date ____/____/____ (Feb 1 or July 1) Tenure Yes No

Annual 10 - month FTE Salary _____ Duty Time: Fall ____ % Spring ____ % AY ____ % FTE Fraction _____

5 months 10 months Actual Salary _____

Field of Specialization/Area of Study _____

If salary is to be charged in whole/part to other than general department account, indicate both accounts and amounts to be charged:

Account No. _____ - _____ \$ _____ or FTE % _____

Account No. _____ - _____ \$ _____ or FTE % _____

** This recommendation was approved by unanimous vote
 majority vote at a meeting of the professors associate
 professors of the Department on ____/____/____.

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 professors of the Department on ____/____/____.

Total no. attending meeting _____
 No. for the recommendation _____
 No. against the recommendation _____
 No. of abstentions _____

Total no. attending meeting _____
 No. for the recommendation _____
 No. against the recommendation _____
 No. of abstentions _____

Chair of Department _____

Chair of Joint Department (if applicable) _____

**Formal departmental vote is required for appt. to the professorial ranks as well as for full-time instructors and lecturers (Chapter IV, Rules and Procedures of the Faculty).

Entered By _____ Date _____ Approved Apprv Modif Not Approved Approved By _____ Date _____

SECTION III. ADDITIONAL INFORMATION

Please attach statements including the following information:

1. **EVALUATION AS A TEACHER** — Estimate of probable effectiveness as a teacher of undergraduate and graduate students at Princeton, including strong points and weak points; special qualifications as a lecturer, classroom instructor, preceptor, laboratory instructor, or supervisor of independent work.
 2. **EVALUATION AS A SCHOLAR** — Estimate of general standing as a scholar; comparative standing in fields of special competence; especially significant contributions to the advancement of knowledge and originality; indications of continuing growth; evidence of recognition by scholars in the field, including comments quoted from reviews.
 3. **FOR RECOMMENDATION OF APPOINTMENT TO RANK AS PROFESSOR OR ASSOCIATE PROFESSOR** — List the names and addresses of ten to twelve outstanding scholars (full professors or the equivalent), not currently at Princeton or the candidate's present institution, who can best estimate his/her qualifications for the appointment. Please include a sentence or two for each scholar that tells why he or she is a particularly appropriate referee for the case at hand.
 4. **FOR LECTURERS AND VISITING FACULTY** — Please indicate teaching responsibilities he or she is expected to be assigned.
 5. **CURRICULUM VITAE AND BIBLIOGRAPHY** — Please attach a curriculum vitae and bibliography.
 6. **EEO FORM MUST ACCOMPANY ALL APPOINTMENTS FOR WHICH A SEARCH IS REQUIRED.**
 7. **FOR VISITORS FROM OTHER UNIVERSITIES, INDICATE NAME OF DEAN TO WHOM WE CAN WRITE TO REQUEST PERMISSION TO TEACH.**
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