



FACULTY REAPPOINTMENT AND PROMOTION RECOMMENDATION FORM (F-2)

For recommendations of all Reappointments and Promotions of regular and visiting faculty

Date _____ **Revision** (circle changes)

SECTION I. PERSONAL INFORMATION

Employee Name: _____
Last Name First Name MI

Employee ID: _____

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]

SECTION II. REAPPOINTMENT INFORMATION

Reappt. Start Date ____/____/____ (July 1 or Feb 1 for Faculty)

Action: Promotion Reappointment Purchase Recommendation: recommended not recommended

Department _____

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 _____

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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 majority vote at a meeting of the professors associate
 professors of the Department on ____/____/____.

Total no. attending meeting _____

Total no. attending meeting _____

No. for recommendation to promote _____

No. for recommendation to reappoint _____

No. against recommendation to promote _____

No. against recommendation to reappt. _____

No. of abstentions _____

No. of abstentions _____

Chair of Department _____

Chair of Joint Department (if applicable) _____

*If recommendation is against reappointment or promotion, does the department recommend reappointment for a final year?
 or extension under Section _____ of the *Rules and Procedures of the Faculty*?

**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 PROMOTION TO RANK OF 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 at 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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