



The University of Georgia

Senior Vice President for Academic Affairs

Recommendation for Faculty Appointment

Name _____ Social Security Number _____

Date of Birth _____ Place of Birth _____ Race _____ Sex _____

Citizen of what Country _____ If naturalized, give date, place, and naturalization certificate no. _____

Conversant in English (Y) _____ (N) _____ Relatives employed by UGA (Y) _____ (N) _____ (See Section 802.3 in Regents' Policies)

School/College (or unit) _____ Department _____

Rank/Title _____ Number years prior credit toward tenure _____

Salary rate recommended _____ Term of appointment* _____ Effective Date _____

% Instruction _____ % Administration _____ % Research _____ % Public Service _____

% State _____ % Sponsored _____

If part-time amount of EFT _____ or Course amount \$ _____ If temporary period of appointment _____

* Term Designations A=Academic Year (Quarter) S=Academic Year (Semester) F=Fiscal Year C=Special Time as noted D=Part-Time (EFT)

COLLEGIATE AND PROFESSIONAL EDUCATION

Degree	Institution	Date(mm/dd/yyyy)	Major Field	Minor Field

*** Degree Certification attached for highest degree listed (Y) _____ (N) _____

WORK BEYOND LAST EARNED DEGREE

Year (e.g. 1986-1989)	Institution	Major Field	Minor Field

PRIOR ACADEMIC EXPERIENCE

Year (e.g. 1986-1989)	Institution	Rank/Position

NOTE: ATTACH CURRENT VITA

Appointment recommended by:

Head of Department of _____ Date _____ Dean of School or College of _____ Date _____

Vice President for Research or Service _____ Date _____ Vice President for Instruction _____ Date _____

Senior Vice President for Academic Affairs _____ Date _____ President _____ Date _____