

**ACADEMIC PERSONNEL ACTION SUMMARY FOR MERIT REVIEW/REAPPOINTMENT\* (Short Form)**

**\*Reappointment of Assistant Professors only**

For advancement from Assistant Professor 1 to 2, 2 to 3, 3 to 4, 4 to 5;  
Associate Professor 1 to 2, 2 to 3, 3 to 4; and  
Professor 1 to 2, 2 to 3, 3 to 4, 4 to 5 ONLY  
(Includes In-Residence and Adjunct Series)

Candidate Material to the Department \_\_\_\_\_  
Date to Division \_\_\_\_\_

Department Completes

Name \_\_\_\_\_ Division \_\_\_\_\_ Department \_\_\_\_\_

**PRESENT STATUS**

Rank and Step \_\_\_\_\_  
% Time \_\_\_\_\_ Basis \_\_\_\_\_  
Annual Salary \_\_\_\_\_ If off-scale, amount \_\_\_\_\_  
Years at Rank \_\_\_\_\_ Years at Step \_\_\_\_\_  
Review Period \_\_\_\_\_

**STATUS PROPOSED BY DEPARTMENT**

Rank and Step \_\_\_\_\_  
% Time \_\_\_\_\_ Basis \_\_\_\_\_  
Annual Salary \_\_\_\_\_ If off-scale, amount \_\_\_\_\_  
Effective Date \_\_\_\_\_

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INDICATE WITH A ✓ DOCUMENTS SUBMITTED. INCLUDE EXPLANATION IN DEPARTMENT LETTER IF ANY DOCUMENTS ARE NOT SUBMITTED. SUBMIT REVIEW FILE IN FOLLOWING ORDER:

\_\_\_ Checklist to Assure Fairness

\_\_\_ Vote/Recommendation Page

\_\_\_ Candidate's Optional Response to Department Evaluation

\_\_\_ Department Evaluation Sheet

Provide a copy to the candidate.

See [CAPM 006.000](#) for assessment of the timeliness with which evaluations are completed or attach Narrative Evaluation Timeliness Report

\_\_\_ Candidate's Optional Statement

\_\_\_ Sabbatical Leave Report (if leave was taken during review period)

\_\_\_ Unsolicited Material (other material which the Candidate wishes to have included in the review file) See [CAPM 406.220](#)

\_\_\_ Cumulative Bibliography See [CAPM Appendix 9](#) for guidelines.

\_\_\_ Student Letters (if solicited)

Sample copy of solicitation letter to students

Representative sample of names from course lists must be used

\_\_\_ Student Evaluations for review period

(Please asterisk those submitted on Bibliography.)

**Candidate's campus address for correspondence:**

\_\_\_\_\_  
\_\_\_\_\_

- ORIGINAL REVIEW FILE FOR APPROVING AUTHORITY
- ONE COPY OF REVIEW FILE FOR DIVISION (If CP/EVC Authority)
- ONE COPY OF REVIEW FILE TO BE RETAINED BY DEPARTMENT