

**APPROVAL OF TERMS OF ACADEMIC APPOINTMENT
FOR NON-TENURE RELATED APPOINTMENTS
Routing and Action Form**

REQUEST TO OFFER

CANDIDATE _____

DEPARTMENT _____ SCHOOL _____

IS THIS A TRANSFER FROM ANOTHER ACADEMIC POSITION? YES NO

IF YES, FROM WHAT TYPE OF POSITION? _____

PROPOSED TITLE _____

HRMS ADMINISTRATIVE POST CODE _____

INITIAL APPOINTMENT START/END DATE _____ TO _____
(If this appointment is probationary, preliminary to a long-term contract, enter end date of probationary period)

APPOINTMENT TYPE (check all that apply):

| | | | | |
|--|------------------------------------|--|---------------------------------|-----------------------------------|
| CLINICAL | Assistant <input type="checkbox"/> | Associate <input type="checkbox"/> | Full <input type="checkbox"/> | |
| LECTURER <input type="checkbox"/> | | SENIOR LECTURER <input type="checkbox"/> | | |
| RESEARCH PROFESSOR | Assistant <input type="checkbox"/> | Associate <input type="checkbox"/> | Senior <input type="checkbox"/> | HONORARY <input type="checkbox"/> |
| SCIENTIST/SCHOLAR | Assistant <input type="checkbox"/> | Associate <input type="checkbox"/> | Senior <input type="checkbox"/> | *ACTING <input type="checkbox"/> |
| ACADEMIC SPECIALIST <input type="checkbox"/> | (TITLE _____) | | | |

**CONVERSION FROM ACTING PROFESSORIAL RANK TO TENURE ELIGIBLE:* Conversion of this appointment to a tenure eligible appointment is expected and a decision will be made no later than _____.

INITIAL SALARY _____

POSITION # _____ ACCOUNT # _____

REPLACEMENT OR NEW POSITION

(PLEASE SEE NEXT PAGE FOR LIST OF REQUIRED DOCUMENTATION.)

This statement must be signed by the Chairperson of the Department, and/or the Dean of the School or Division, by the Dean of the Faculties, and/or the Vice President or Chancellor, and it is further subject to the consent of the Board of Trustees.

Chairperson _____ Date signed _____

School Dean _____ Date signed _____

Dean of the Faculties _____ **Date signed** _____

**REQUIRED DOCUMENTATION
FOR NON-TENURE RELATED OR PROBATIONARY APPOINTMENTS**

A. FOR CLINICAL APPOINTMENTS:

1. Completed Approval of Terms of Academic Appointment Form.
2. Undated copy of proposed offer letter, which includes reference to Dean of Faculties letter which will provide information on specific employment requirements and benefits, and the importance of responding appropriately to it.
3. Copy of candidate's vitae.
4. Three internal or external letters of reference (waived for candidates who have been employed in a faculty role involving teaching, research, and professional service, by a school on the IUPUI campus for a year or longer and whose initial appointment included review of external letters).
5. Evidence of English language proficiency for candidates whose first language is not English.
6. Evidence of approval to recruit (Form A2 or A3, or FAM number _____).
7. Unit has verified that academic credentials and, when applicable, licensure are bona fide.

B. FOR LECTURER APPOINTMENTS, all items for section A required, and additionally:

1. Statement of philosophy of teaching.
2. Peer review of teaching if not addressed by letters of reference.
3. Statement of agreement to mentor candidate.

C. FOR RESEARCH PROFESSOR OR SCIENTIST/SCHOLAR RANKS, all items for section A required, and additionally:

1. Statement of Research goals plans.
2. Peer review of research if not addressed by letters of reference.
3. Statement of agreement to mentor candidate.

D. FOR ACADEMIC SPECIALIST APPOINTMENTS, all items for section A required, and additionally:

1. Statement of academic work.
2. Peer review of capacity for proposed work, if not addressed by letters of reference.

3. Statement of agreement to mentor candidate if this is a probationary appointment.