

Transmittal for Stage 1 Approval for TOP

In accordance with Provost Communication 7, please complete this transmittal, along with attachments, and submit to the Office of the Provost.

Unit(s) requesting review: _____ College: _____ Date: _____

Unit(s) requesting review: _____ College: _____ Date: _____

REQUESTING APPROVAL FOR:

CANDIDATE

Name of candidate: _____

Current title: _____ Institution: _____

How Candidate Qualifies for TOP Funding (identify below):

Racial-Ethnic Identity (specify) _____

Gender (underrepresented in field) _____

Disability _____

TERMS

Proposed title: _____

Proposed salary: \$ _____ Proposed campus commitment: \$ _____

PROCESS

How was candidate identified:

Search

Other: _____

ATTACHMENTS

Candidate's current curriculum vitae

A case for distinction in the candidate's record commensurate with the criteria for the program and contributions that could be made by the candidate to the department, college and campus.

APPROVALS

(For members who have joint appointments, recommendations must be approved by all units.)

Department _____ School _____ College _____

Department _____ School _____ College _____

Provost Approval: _____
Provost or Designee
Date