



**UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES  
REQUEST FOR CIVILIAN OR MILITARY FACULTY ACTION**

|   |  |                           |   |   |
|---|--|---------------------------|---|---|
| <b>1. Name (Caps)Last-First-Middle</b><br><br>  | <b>2. Date of Birth (MMDDYY)</b><br><br> | <b>3. SSN</b><br><br>     | <b>4. MIL</b><br><input type="checkbox"/> Billested<br><input type="checkbox"/> Non-Billested | <b>5. CIV</b><br><input type="checkbox"/> Billested<br><input type="checkbox"/> Non-Billested |
| <b>6. Faculty Action Requested</b><br><br>Appointment <input type="checkbox"/> Tenure <input type="checkbox"/> Non-Tenure<br>Promotion <input type="checkbox"/> Tenure <input type="checkbox"/> Non-Tenure<br>Reinstated <input type="checkbox"/> Tenure <input type="checkbox"/> Non-Tenure<br><br>Other _____<br>Adjunct <input type="checkbox"/> Yes <input type="checkbox"/> No<br>*Requested Title _____ | <b>7. Department</b><br><br>             | <b>8. Primary</b><br><br> | <b>9. Secondary</b><br><br>   | <b>10. Current Title, Rank, Corp, Service</b><br><br>   |

**\*Note:** See USU Instruction 1100 for information on USU Faculty appointments, promotion, or tenure.

**QUALIFICATIONS**

**11. Education – Degrees, School, Year**

**12. Present Work Address**

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**13. Requested by (Primary)**

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Department

\_\_\_\_\_  
Chair/Head

**Requested by (Secondary)**

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Department

\_\_\_\_\_  
Chair/Head

**14. CHR USE ONLY**

Date received \_\_\_\_\_ Date to CAPT \_\_\_\_\_ Date to DEN \_\_\_\_\_

Date Returned(As Applicable) \_\_\_\_\_ Date to BOR \_\_\_\_\_ Notified Dept. \_\_\_\_\_

**15. Approvals (Signature & Date)**

CAPT \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Deferred \_\_\_\_\_

President/BOR \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Deferred \_\_\_\_\_