

## II. Academic Program Review Dossier Cover Page | 2024 Cycle

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| **Name, Lived Name:**  **Preferred Pronoun(s):** |  |
| **Academic Title:** | Include your title from the following list and delete the others:   * Assistant/Associate/Full Professional Researcher * Assistant/Associate/Full Project Scientist * Junior/Assistant/Associate/Full Specialist * Assistant/Associate/Full Specialist in Cooperative Extension * Assistant/Associate/Full Cooperative Extension Advisor * Academic Administrator I/II/III/IV/V/VI/VII * Academic Coordinator I/II/III |
| **County/Program:** |  |
| **Review Type:** | Include your review type(s) from the following list and delete the others:   * Merit * Accelerated Merit * Promotion * Accelerated Promotion * 13/24 Month Option * Career Review / Career Equity Review * Term Review Seeking Indefinite Status * Administrative Review |
| **Current Rank/Step:** |  |
| **Requested Rank/Step:** |  |
| **Review Time Period:** | October 1, [\_\_\_\_\_] to September 30, [\_\_\_\_\_\_] |
| **Thematic Areas:** |  |