

## 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:**  |  |