

## Non-Senate Faculty (Unit 18) Excellence Review (UCI-AP-IX4)

EMPLOYEE NAME:

DEPARTMENT/UNIT:

SCHOOL NAME:

### Current Pre-Six Appointment

TITLE CODE:	TITLE NAME:	
SALARY:	% TIME:	START DATE OF 18TH QTR/12TH SEM:

### Proposed Continuing Appointment

TITLE CODE:	TITLE NAME:	
SALARY:	% TIME:	EFFECTIVE DATE:

*Enter a 0 (zero) in the "% Time" field if there currently is no need in the 19th Quarter/13th Semester.*

### Recommendation

Review Level	Excellent?		Signature	Printed Name	Date
	Yes	No			
Department Review Committee					
Chair/Director					
Dean					
Unit 18 Review Committee					

### Final Authority

Review Level	Excellent?		Signature	Printed Name	Date
	Yes	No			
Vice Provost					