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|  | TRANSMITTAL FORM |
| UMD Professor (UMB Faculty) |

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| --- | --- | --- | --- |
| Candidate’s Name |  | UID No. |  |
| Primary Unit |  | Secondary Unit |  |
| College |  | Present Rank |  |
| New Appointment | Yes No | Proposed Rank | *UMD Professor* |
| Dept. at Current Institution |  |  | |
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| **Primary Unit** | | Vote Summary | | Abstentions | |  | |
| Appointment Home | Meeting Date | Yes | No | Vol. | Man. | Absent | Sum |
| Dept. APT Committee |  |  |  |  |  |  |  |
| Department Chair |  |  |  |  |  |  |  |
| College APT Committee |  |  |  |  |  |  |  |
| Dean |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Second Unit** | | Vote Summary | | Abstentions | |  | |
| Joint Appointment | Meeting Date | Yes | No | Vol. | Man. | Absent | Sum |
| Dept. APT Committee |  |  |  |  |  |  |  |
| Department Chair |  |  |  |  |  |  |  |
| College APT Committee |  |  |  |  |  |  |  |
| Dean |  |  |  |  |  |  |  |

**Contact Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Phone | Email | Address |
| Dean |  |  |  |  |
| College APT Spokesperson |  |  |  |  |
| Dept. Chair |  |  |  |  |
| Dept. APT Spokesperson |  |  |  |  |

***Items to be included in the Dossier***

**Review Committee Materials**

1. Transmittal Form
2. Dean’s Letter
3. College APT Report
4. Department Chair’s Letter
5. Department APT Report

**Candidate’s Materials**

1. Curriculum Vitae (signed & dated)