

THE UNIVERSITY OF IOWA
INSTRUCTIONAL FACULTY ADMINISTRATIVE REVIEW FORM

Name: _____ **Department:** _____

email: _____ **Phone:** _____

Nature of Challenge and Basis for it:

Action/Remedy requested:

Signature: _____ **Date:** _____

(retain a copy)

[IF TERMINATION, NON-PROMOTION, NON-RENEWAL OR FAILURE TO REVIEW FOR PROMOTION, SUBMIT DIRECTLY TO PROVOST]

DEPARTMENTAL REVIEW:

Completed (date): _____

Meeting date (if any): _____

Response and Rationale by department:

Departmental Signature: _____ **Date:** _____

(email to Instructional Faculty Member and retain a copy)

COLLEGE REVIEW:

Response and Rationale by college/division: Completed (date): _____

Collegiate Signature: _____ **Date:** _____

(email to Instructional Faculty Member and retain a copy)

PROVOST REVIEW:

Response and Rationale by Office of the Provost: Completed (date): _____

Signature of Provost or Designee: _____ **Date:** _____

(email to Instructional Faculty Member and retain a copy)