**UNIVERSITY OF IOWA**

**INSTRUCTIONAL FACULTY ADMINISTRATIVE REVIEW (IFAR)**

**Forward as .DOCX to each review level.**

**Name:** Click or tap here to enter text.Department: Click or tap here to enter text.

Email: Click or tap here to enter text. Phone: Click or tap here to enter text.

Nature of Challenge and Basis for it:

Click or tap here to enter text.

Action/Remedy requested:

Signature:  Date: Click or tap to enter a date.

(retain a copy)

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

**DEPARTMENTAL REVIEW:**  Completed (date): Click or tap to enter a date.

Meeting date (if any): Click or tap to enter a date.

Response and Rationale by department:

Click or tap here to enter text.

Departmental Signature:  Date: Click or tap to enter a date.

(email to Instructional Faculty Member and retain a copy)

**COLLEGE REVIEW:**  Completed (date): Click or tap to enter a date.

Response and Rationale by college/division:

Click or tap here to enter text.

Collegiate Signature:  Date: Click or tap to enter a date.

(email to Instructional Faculty Member and retain a copy)

**PROVOST REVIEW:**  Completed (date): Click or tap to enter a date.

Response and Rationale by Office of the Provost:

Click or tap here to enter text.

Provost/Designee Signature:  Date: Click or tap to enter a date.

(email to Instructional Faculty Member and retain a copy)