**UNIVERSITY OF IOWA**

**SPECIALIZED FACULTY ADMINISTRATIVE REVIEW (SFAR)**

**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: Click or tap here to enter text.

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

(retain a copy)

**[IF RELATED TO TERMINATION, NON-PROMOTION, OR NON-RENEWAL 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 Specialized 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 Specialized 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 Specialized Faculty Member and retain a copy)