

**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 COLLEGE]***

---

**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 Associate Provost for Faculty: \_\_\_\_\_ Date: \_\_\_\_\_

(email to Instructional Faculty Member and retain a copy)