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)