

Candidate's Name (please print): _____ Candidate's Department: _____

Candidate Notification Statement

I hereby attest that I have received notification of the decision at each of the levels of review outlined below. I understand that I have the right to respond at each stage of the process. I understand that if I choose to respond, a response must be received within two weeks of notification at each level. My signature below represents that I have received these notifications:

Stage of Review: Recommendation of Senior Faculty

Candidate's Signature

Date of Receipt

Stage of Review: Department Head/Director

Candidate's Signature

Date of Receipt

Stage of Review: College Dean

Candidate's Signature

Date of Receipt