

**AFFIRMATIVE ACTION SUMMARY
FOR PROPOSED FULL-TIME REGULAR FACULTY APPOINTMENTS
Northwestern University**

Note: This form, accompanied by a vita must be submitted and approved before an offer can be made.

School: _____ Department: _____

Name of Proposed Candidate: _____ Sex: _____

Race/Ethnicity: _____ Rank: _____ Proposed Annual Salary: _____

Sub-specialty/Field: _____ Proposed Start Date: _____

Tenure Status: Recommending Tenure _____ [supporting materials attached]

Tenure Track _____ Term of Appointment: From _____ To _____

Non-Tenure Track _____ Term of Appointment: From _____ To _____

Time Status: Full-time _____ Part-time _____ If part-time, indicate percentage of time _____%

Citizenship Status: U.S. Citizen _____ Permanent Resident _____ Non-Resident Alien* _____

••••••••

List names of all finalists who were interviewed or extensively reviewed for position. Include any person who has withdrawn and explain.

	<u>Race/Ethnic* & Gender</u>										<u>Candidate Source</u>			
	<u>Bl</u>		<u>A/PI</u>		<u>AI/AN</u>		<u>H</u>		<u>Wh</u>					
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>				
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														

* Bl = Black; H = Hispanic; A/PI = Asian or Pacific Islander; AI/AN= American Indian or Alaskan Native; Wh = White

<u>Dates Interviewed</u>	<u>Highest Degree</u>	<u>Specialty or Field</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

*Refer the candidate to the International Office, 630 Dartmouth St., Evanston Campus, 491-5613, for visa information.

1. Total number of applicants for the position: _____

2. For each woman, minority, person with handicap, disabled veteran or veteran of the Vietnam era on the list of finalists who is not being recommended for the position, please indicate briefly what particular aspects of the job requirements were not met as fully by that individual as by the proposed candidate. Note: Please attach a vita for each of these individuals to this form.

Name

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. If there were any changes in the search procedures previously submitted on the Pre-Search Approval Form, please describe what they were.

•••••

The search and selection procedures have been in accordance with affirmative action guidelines.

_____ Date

Search Committee Chair Signature

Print name

_____ Date

Department Chair Signature

Print name

_____ Date

School Dean Signature

Print name

The recommended appointment is approved.

_____ Date

Provost

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