St. Cloud State University
Request to Hire-Faculty

Position # _____

College/School _____ Department _____ Date _____

Position requested _____

☐ Probationary/Tenure-Track Proposed Rank _____

☐ Fixed-Term, Non-Probationary (FTNP) Replacement for: _____

Term Start & End Date (for FTNP) _____

Quantitative data justification (per Academic Data Book):

	FY 07	FY 08	FY 09	FY 10
Dept's Student Credit Hrs				
Credit Hrs/ FTE faculty				
FYE Student/ FTE faculty ratio				

Qualitative justification:

Department rationale (e.g., external review or accreditor recommendation)
Please provide narrative:

Dean's rationale:

_____ _____ _____ _____

Dean Date Provost Date

_____ _____ _____ _____

Academic Budget Officer Date HR Director Date

_____ _____ _____ _____

Equity & Affirmative Action Officer Date President Date

Approved: YES _____ NO _____

Return to Human Resources (AS 204) when all appropriate signatures have been received.

HR to cc: Academic Affairs Budget Officer, Equity & Affirmative Action Office Mgr, Dean

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