

Proposal*
Faculty Recruitment Incentive Program

Date:
Candidate:
College/School:
Department:

Please refer to section II of the FRIP Program description to determine if the candidate meets eligibility requirements.

Indicate to which group(s) the candidate belongs; check as many boxes as apply:

Ethnicity	Male	Female	Veteran	Disabled
African-American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian-Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (designate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pool

One person (targeted) _____
If more than one, size of pool: _____

Describe the candidate's area of expertise/competencies and how s/he will fit into the department's programmatic plans and needs.

Proposed Salary & Other needs if any

Approvals

Chair Date Dean Date

Provost Date