**FACULTY REPLENISHMENT HIRING INITIATIVE**

Endorsement Form

**(Required before extending a formal offer.)**

Date: Candidate Name:

Lead College/School:

Lead Department:

Participating Colleges/Schools/Centers/Institutes:

***Signature below signifies approval of request to extend offer. All relevant deans and directors must sign this form before submission to the Office of the Provost.***

1. **Lead Dean**

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Name (printed) College/School

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Signature Date

*Supporting Comments: (Attach additional pages as necessary)*

1. **Dean of college/school (*or* Dean/Center Director in cluster) where candidate(s) will have tenure**

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Name (printed) College/School

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Signature Date

*Supporting Comments: (Attach additional pages as necessary)*

1. **Dean of college/school (*or* Dean/Center Director in cluster) where candidate(s) will be housed**

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Name (printed) College/School

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Signature Date

*Supporting Comments: (Attach additional pages as necessary)*

1. **Additional Dean/Center Director in cluster, if applicable**

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Name (printed) College/School

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Signature Date

*Supporting Comments: (Attach additional pages as necessary)*