**FPRC: Vote Record Form**

***Note:*** *Please fill the form electronically.*

|  |  |
| --- | --- |
| Name of FPRC Member | Click here to enter name. |
| Current Rank | Choose a rank. |
| Member Since | Click here to enter a date. |
| Department | Choose Department |
| Email/Telephone Number | Click here to enter text. |

1. **Personal Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Applicant | Click here to enter text. | | |
| Type of Application | Choose an item. | | |
| Title of Research | Click here to enter Research Title | | |
| Title of Journal (*If Applicable*) | Click here to enter text. | | |
| Conference Title (*If Applicable*) | Click here to enter text. | | |
| Start Date | Click here to enter a date. | End Date | Click here to enter a date. |
| Application Received on | Click here to enter a date. | | |

1. **Details of Application:**
2. **Evaluation of Application:** *(Use additional paper if necessary and attach with the form)*

|  |  |  |  |
| --- | --- | --- | --- |
| Recommendation |  |  |  |
| If Approved, State Strength of Application | | | |
| Click here to enter text. | | | |
| If Conditionally Approved, State Required Modifications | | | |
| Click here to enter text. | | | |
| If Rejected, State Reasons for Rejection | | | |
| Click here to enter text. | | | |

1. **Signature of FPRC Member:**

|  |  |
| --- | --- |
| Name | Date |
| Click here to enter text. | Click here to enter a date. |
| Signature | |
|  | |