

# AA/EOR Affirmation

Requisition Title: \_\_\_\_\_

Requisition Number: \_\_\_\_\_

Form completed by: \_\_\_\_\_

Pursuant to UARTP Section 6.06.D.2.H, I affirm by my signature that no inappropriate actions have been taken which may have been the effect of discriminating against an applicant for this faculty position.

Signature:

Date:

***OR***

I decline to sign to affirm the above statement, for the following reason(s):

You are also invited to provide **anonymous** comments, concerns or feedback at: