RECOMMENDATION FOR

TENURE AT THE RANK OF ASSOCIATE PROFESSOR/FULL PROFESSOR

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| I. (TO BE COMPLETED BY DEPARTMENT CHAIR AND DEAN) |
| Name: | Time in Rank(include current year): |
| Department: | Date of InitialAppointment: |
| Proposed Action: |
| Department Faculty or Ad Hoc Committee Vote: YES NO On leave, not voting Department Faculty or Ad Hoc Committee's Recommendation: \*\*\*\*(For Faculty with Appointments Involving More than One Academic Unit only)Special Committee Vote: YES NO On leave, not voting Special Committee Recommendation: \*\*\*\*Chairperson's Recommendation: Chairperson's Signature: signature date\*\*\*\*Promotion and Tenure Committee Vote: YES NO Promotion and Tenure Committee’s Recommendation: Promotion and Tenure Committee Chairperson’s Signature: signature date\*\*\*\* Dean's Recommendation: Dean's Signature: signature date |
| Comments: |
| II.Provost's Recommendation: Provost's Signature: signature date |

1.16.2019