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 Initial  Appointment: |
| 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