



**RECOMMENDATION FOR  
TENURE AT THE RANK OF ASSOCIATE PROFESSOR/FULL PROFESSOR**

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