

PROMOTION AND/OR TENURE RECOMMENDATION FORM

FACULTY INFORMATION

Name: _____
First Middle Last

U-Number: _____
(ex: U00123456)

Faculty member's Current Rank: _____

College/School: _____ Department: _____

Individual is applying for: ☐ Promotion ☐ Tenure ☐ Promotion and Tenure

DEPARTMENT PROMOTION AND/OR TENURE COMMITTEE

RECOMMENDATION: ☐ POSITIVE ☐ NEGATIVE | **VOTE BREAKDOWN:** ____ POSITIVE ____ NEGATIVE ____ ABSTAIN ____ ABSENT

Department Committee Chair Signature

Date

DEPARTMENT CHAIR RECOMMENDATION

RECOMMENDATION: ☐ POSITIVE ☐ NEGATIVE

Department Chair Signature

Date

COLLEGE PROMOTION AND/OR TENURE COMMITTEE

RECOMMENDATION: ☐ POSITIVE ☐ NEGATIVE | **VOTE BREAKDOWN:** ____ POSITIVE ____ NEGATIVE ____ ABSTAIN ____ ABSENT

College Committee Chair Signature

Date

COLLEGE DEAN RECOMMENDATION

RECOMMENDATION: ☐ POSITIVE ☐ NEGATIVE

Department Dean Signature

Date