

FACULTY INFORMATION

Name: _____
First Middle LastU-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