



PROMOTION AND/OR TENURE RECOMMENDATION FORM

(FORMERLY KNOWN AS "T&P RECOMMENDATION SIGNATURE FORM")

FACULTY INFORMATION

NAME: _____ **U-NUMBER:** _____
FIRST MIDDLE LAST U00123456

COLLEGE/SCHOOL: _____

DEPARTMENT: _____

INDIVIDUAL APPLYING FOR: _____

PROMOTION TENURE TENURE & PROMOTION **EFFECTIVE:** _____

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

COLLEGE DEAN SIGNATURE DATE