

UofM Tenure & Promotion Appointment History Form

Faculty Member Name: _____ UUID: _____

Email: _____ Phone: _____

Current Rank: _____

College/School: _____

Department: _____

Rank at time of initial appointment at UofM: _____

Initial Appointment Date: _____

Tenure Track Initial Appointment: _____ Non-Tenure Track Initial Appointment: _____

If changed from non-tenure track appointment, credit granted toward tenure: _____ Years

Years in current rank at UofM: _____

Years Full Member of Graduate Faculty: _____

Date of appointment to Graduate Faculty: _____

PLEASE EXPLAIN ANY CHANGE IN DUTIES IN THE LAST FIVE YEARS.
