# Recommendation for Tenure at the Rank of Associate Professor/Full Professor

I. (To Be Completed by Department Chair and Dean)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Time in Rank (include current year):</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Department:</th>
<th>Date of Initial Appointment:</th>
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Proposed Action:

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Department Faculty or Ad Hoc Committee Vote: YES ____ NO ____ On leave, not voting ______

Department Faculty or Ad Hoc Committee's Recommendation: ______________________________________

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(For Faculty with Appointments Involving More than One Academic Unit only)

Special Committee Vote: YES _______ NO _______ On leave, not voting ________

Special Committee Recommendation: ______________________________________

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Chairperson's Recommendation: ______________________________________

Chairperson's Signature: __________________________________________

signature                      date

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Promotion and Tenure Committee Vote: YES _____ NO _____

Promotion and Tenure Committee’s Recommendation: ______________________________

Promotion and Tenure Committee Chairperson’s Signature: _________________________

signature                      date

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Dean's Recommendation: ______________________________________

Dean's Signature: __________________________________________

signature                      date

Comments:

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II.

Provost's Recommendation: ______________________________________

Provost's Signature: __________________________________________

signature                      date

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Edited 02 09 16