Nomination for Tenure

Campus ______________________________________ Date ______________________________________

Name of Nominee ______________________________________________________

Department __________________________________________ Present Academic Rank ____________________________

☐ Recommended ☐ Not Recommended _____________________________ Chair of the Department Unit Committee _____________________________ Date __________________

# of Yes ______  # of No ______

☐ Recommended ☐ Not Recommended _____________________________ Chair of the Department Tenured/Promoted Faculty Committee _____________________________ Date __________________

# of Yes ______  # of No ______

☐ Recommended ☐ Not Recommended _____________________________ Department Chairperson _____________________________ Date __________________

☐ Recommended ☐ Not Recommended _____________________________ Chair of College/Division Committee _____________________________ Date __________________

# of Yes ______  # of No ______

☐ Recommended ☐ Not Recommended _____________________________ Dean of the College _____________________________ Date __________________

☐ Recommended ☐ Not Recommended _____________________________ Provost _____________________________ Date __________________

☐ Recommended ☐ Not Recommended _____________________________ Chair of University Appointment, Promotion, and Tenure Committee _____________________________ Date __________________

# of Yes ______  # of No ______

☐ Recommended ☐ Not Recommended _____________________________ Chancellor _____________________________ Date __________________

☐ Recommended ☐ Not Recommended _____________________________ President _____________________________ Date __________________

The President will write letters conferring tenure, with copies to the Chancellor.

4/30/2020
8/23/19
7/15/16