

**DEPARTMENTAL AND INSTITUTIONAL REVIEW
REQUEST**

**THE APPLICANT MUST COMPLETE THE FIRST PAGE
OF THE FOLLOWING DOCUMENT**

**THE APPLICANT'S NAME SHOULD BE PRINTED OR TYPED
ON EACH SUBSEQUENT PAGE OF THE PROMOTION AND
TENURE REVIEW REQUEST DOCUMENT IN THE SPACE
PROVIDED AT THE TOP.**

**THE ENTIRE DOCUMENT MUST BE INCLUDED WITH THE
SUBMITTED APPLICATION AND WILL BE COMPLETED BY
THE APPROPRIATE COMMITTEES AND ADMINISTRATORS
RESPONSIBLE FOR REVIEWING THE APPLICATION.**

CANDIDATE NAME _____

EVALUATION BY THE TENURED/SENIOR DEPARTMENT FACULTY:

The individual's qualifications in the following areas should be considered for each reviewing authority to make a valid and discriminating judgment: (1) Ability in teaching/education, (2) Scholarly and research activity, (3) Institutional and community service, and (4) Level of participation in departmental, school, and institutional activities.

Do not extend length of the box.

Current distribution of academic faculty within the department

Professor _____ Associate Professor _____ Assistant Professor _____ Instructor _____

The vote of the tenured/senior department faculty on the proposed action

Favorable _____ Opposed _____ Abstain _____ Absent _____

CANDIDATE NAME _____

EVALUATION BY DEPARTMENT CHAIR/HEAD

Do not extend length of the box.

_____ Recommended

_____ Not Recommended

Department Chair/Head

Date

CANDIDATE NAME _____

RECOMMENDATION BY SCHOOL PROMOTION & TENURE REVIEW COMMITTEE

Do not extend length of the box.

The vote of the School Promotion & Tenure Committee

Favorable _____ Opposed _____ Abstained _____ Recused _____ Absent _____

_____ Recommended by committee

_____ Not Recommended by committee

Signature

Date

Title

CANDIDATE NAME _____

EVALUATION BY DEAN

Do not extend the length of the box.

_____ Recommended

_____ Not Recommended _____
Dean Date

CHANCELLOR ACTION

_____ Approved

_____ Not Approved _____
Chancellor Date