

PROMOTION AND TENURE REVIEW REQUEST

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

THE DOCUMENT MUST BE INCLUDED WITH THE SUBMITTED APPLICATION AND WILL BE COMPLETED BY THE COMMITTEES AND ADMINISTRATORS 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.

Letters (please give numbers): ___ External ___ Internal

___ *Required* letters of recommendation are from experts within the candidate's field, and are written by academic authorities who have neither trained nor employed the candidate over the course of the prior 10 years (this would include thesis advisors, residency or fellowship program directors, major mentors, supervisors or employers of the person requesting promotion and/or tenure). Letters of recommendation *in addition to those required* may be submitted from individuals who have taught and/or employed the candidate in recent years if these add substantially to the dossier. (Verification by department chair required)

___ 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

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