

DEPARTMENTAL REVIEW FOR TENURE

Candidate _____

Academic Year of the Review: _____ Mandatory Tenure Review yes no

Candidate's Department _____

Candidate's College/School/University Libraries _____

Departmental Review Committee recommendation:
_____ (# yes) _____ (# no) _____ (# abstain)

Signature of the Committee Chair _____

Evaluative statement added to primary dossier? Date: _____

Departmental Review Committee

Is the Departmental Review Committee made up of: All Dept. Faculty Elected subset of Dept. Faculty or Special Committee (with some/all members outside dept.)

Please **Print** your name below

Please **Sign** your name below

_____	_____
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Department Chair's Recommendation for Tenure: yes no

Signature of the Department Chair _____

Evaluative statement added to primary dossier? Date: _____

CANDIDATE: I have seen all additional materials that have been requested and that will be added to my file and forwarded to the College committee for consideration. Signing this form does not constitute agreement.

Signature of Candidate _____ Date: _____

COLLEGE/SCHOOL/UNIVERSITY LIBRARIES TENURE

Candidate _____

Academic Year of the Review _____

Candidate's Department _____

Candidate's College/School/University Libraries _____

College/School/University Libraries Review Committee recommendation:

_____ (# yes) _____ (# no) _____ (# abstain)

Signature of the Committee Chair _____

Evaluative statement added to primary dossier? Date: _____

College/School/University Libraries Review Committee

Please **Print** your name below

Please **Sign** your name below

_____	_____
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Dean of the Candidate's College/School/University Libraries Recommendation: yes no

Signature of the Dean _____

Evaluative statement added to primary dossier? Date: _____

CANDIDATE: I have seen all additional materials that have been requested and that will be added to my file and forwarded to the University committee for consideration. Signing this form does not constitute agreement.

Signature of Candidate _____ Date: _____

UNIVERSITY REVIEW FOR TENURE

Candidate _____

Academic Year of the Review _____

Candidate's Department _____

Candidate's College/School/University Libraries _____

University Review Committee recommendation:

_____ (# yes) _____ (# no) _____ (# abstain)

Signature of the Committee Chair: _____

Evaluative statement added to primary dossier?

Date: _____

University Review Committee

Please **Print** your name below

Please **Sign** your name below

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Provost and Senior Vice President yes no

Signature of the PSVP: _____

Evaluative statement added to primary dossier?

Date: _____

CANDIDATE: I have seen all additional materials that have been requested and that will be added to my file and forwarded to the President for consideration. Signing this form does not constitute agreement.

Signature of Candidate _____ Date: _____

President's Approval Promotion: yes no

Signature of the President: _____ Date: _____

