#### APPLICATION FOR TENURE

(Full Name)
(Academic Rank and Academic Department)
<ul> <li>TAB 1 - All required forms including:</li> <li>a. Completed Form 1.</li> <li>b. Two blank Form 2s. (To be completed in the department. One to be forwarded with the application and one to be completed and returned to applicant.)</li> <li>c. Two blank Form 3s. (To be completed by the college dean. One to be forwarded and one to be sent to applicant.)</li> <li>d. One copy of Form 4. (To be completed by the University Committee on Tenure and Promotion to be forwarded to the Vice President for Academic Affairs.)</li> </ul>
TAB 2 - Letter of Certification
TAB 3 - Letter of Application
TAB 4 - Curriculum Vitae
TAB 5 - Achievements in Teaching
TAB 6 - Evidence of Scholarly Activity
TAB 7 - Summary of University and Community Service including Awards and Commendations
For detailed explanation of Tabs 2-7, see Faculty/Staff Handbook, Chapter IV.
Submitted by (Signature)

(Date)

### REPORT OF DEPARTMENTAL TENURE RECOMMENDATION

		ted Academic Title and Name) certify by
signature below that the tenured fac	culty of the Departm	ent of
	met on	ent of (Date) and elected me chair
of a committee of the tenured facul	ty for the purpose of	f considering the application for tenure of
		(Printed Academic Title and Name).
The committee using secret ballots, (ayes) and (nays) on this a recommends that tenure be (nays)	pplication for tenure	
The ballots were subsequently destr		
(Signature) Chair, Departmental Tenure Committee		(Date)
In the case of disagreement among attached to this form.	the tenured faculty,	majority and minority reports can be
Reportsare attached	are	not attached
*********	******	***********
	have t concur with their of	ted title and name) Head, Department of ring reviewed the decision of the tenured decision. I therefore, recommend that
memorandum to this document. In memorandum supporting his or her or other tenured faculty member de	the case of disagree position and the cha	nment in the space below or attach a ment the department head MUST attach a air of the departmental tenure committee, ared faculty, MUST attach a memorandum
COMMENT:		
(Signature)		tle)
(Date)		

#### ADMINISTRATIVE REVIEW OF DEPARTMENTAL TENURE RECOMMENDATION

I,		(Printed Academic Title and Name)
Dean of the Colle	ge/School of	having
reviewed the attac	thed recommendations of	the tenured faculty and department head of the
Department of		
recommend that _	be granted tenure	, whose application is under
consideration	be granted tenure	be denied tenure.
tenured faculty the separate memoran	e dean may choose either	recommendation from the department head and to comment or not comment, either below or in a grees with the recommendation of either, he or she his or her position.
COMMENT:		
(Signature)		(Date)
(T;tla)		<u> </u>

The information you have supplied on this form is maintained by the University. You have the right to review and correct this information by contacting the Academic Affairs Office.



# **Tenure Form 4, University Committee on Tenure and Promotion**

## UNIVERSITY COMMITTEE ON TENURE AND PROMOTION RECOMMENDATION

application for tenure of	(Printed Name and Title) of the Department of
	on secret ballots, with no member of the committee voting who had of(ayes) and(nays) voted to recommend thattenure
All ballots were destroyed in the presence of the	e members of the committee.
comment. But if the committee votes contrary	supports the unanimous recommendations brought to it, it need not to the recommendation of the tenured faculty, the department head, or ent for Academic Affairs reason for its decision in writing.
(Printed Name and Title)	(Printed Name and Title)
(Signature and Date)	(Signature and Date)
(Printed Name and Title)	(Printed Name and Title)
(Signature and Date)	(Signature and Date)
(Printed Name and Title)	(Printed Name and Title)
(Signature and Date)	(Signature and Date)
(Printed Name and Title)	(Printed Name and Title)
(Signature and Date)	(Signature and Date)
(Printed Name and Title)	(Printed Name and Title)
(Signature and Date)	(Signature and Date)
(Printed Name and Title)	The information you have supplied on this form is maintained by the University. You have the right to review and correct this information
(Signature and Date)	by contacting the Academic and Student Affairs Office. 08/03