

PROMOTION/TENURE ACTION SUMMARY FORM

Academic Year _____ - _____

Faculty Member Name: _____
Last First Middle Initial

Terminal Degree: _____ Employee I.D. Number: _____

Faculty Candidate's Home Address: _____
(Street)

_____ E-Mail Address: _____
(City) (State) (Zip)

Check applicable actions(s) recommended and provide information requested in corresponding sections

Faculty Promotion to Associate Professor

Faculty Promotion to Professor

Other Rank Change to _____

Award of Tenure

Candidate's Signature _____ Date: _____

Directions: This section to be completed by appropriate school contact person.

School's Contact for Questions Related to this Request _____
Printed Name E-Mail Address Campus Phone #

Candidate's Primary Faculty Appointment Resides in _____
School/College/Library Department

Original Service Date: _____ Initial Date of Appointment to Faculty Status: _____

Current Academic Rank: _____ Date Appointed to Current Rank: _____

Current Tenure Status (Select one and include date, if applicable):

Non-tenure earning: _____ Tenure Earning: _____ Tenured: _____

Date appointed to tenure track: _____ Date tenure awarded: _____
(if applicable) (if applicable)

Number of years with active faculty rank at other institutions of higher education: _____

Only the documentation requested should be submitted to the Provost's Office. It is anticipated that the requested materials will easily fit in a standard one- or two-inch three-ring binder.

In all cases, except the Dean's and Department Chair's recommendations, provide the number vote.

- Record the vote of full-time regular faculty.
- For promotion, only faculty members at the proposed rank or above vote.
- For tenure, report only the vote of tenured faculty members.
- If a particular vote or report does not apply, fill in N/A.

<u>Promotion to Rank of:</u>					
Departmental Committee	#For <input type="checkbox"/>	#Against <input type="checkbox"/>	#Abstain <input type="checkbox"/>	#Absent <input type="checkbox"/>	Report Attached? <input type="checkbox"/>
Department Chair	For <input type="checkbox"/>	Against <input type="checkbox"/>			Report Attached? <input type="checkbox"/>
School/College/Library Committee	#For <input type="checkbox"/>	#Against <input type="checkbox"/>	#Abstain <input type="checkbox"/>	#Absent <input type="checkbox"/>	Report Attached? <input type="checkbox"/>
Dean (Check one)	For <input type="checkbox"/>	Against <input type="checkbox"/>			Report Attached? <input type="checkbox"/>
Dean (Check one)	For <input type="checkbox"/>	Against <input type="checkbox"/>			Report Attached? <input type="checkbox"/>

<u>Award of Tenure (if applicable)</u>					
Departmental Committee	#For <input type="checkbox"/>	#Against <input type="checkbox"/>	#Abstain <input type="checkbox"/>	#Absent <input type="checkbox"/>	Report Attached? <input type="checkbox"/>
Department Chair	For <input type="checkbox"/>	Against <input type="checkbox"/>			Report Attached? <input type="checkbox"/>
School/College/Library Committee	#For <input type="checkbox"/>	#Against <input type="checkbox"/>	#Abstain <input type="checkbox"/>	#Absent <input type="checkbox"/>	Report Attached? <input type="checkbox"/>
Dean (Check one)	For <input type="checkbox"/>	Against <input type="checkbox"/>			Report Attached? <input type="checkbox"/>
Dean (Check one)	For <input type="checkbox"/>	Against <input type="checkbox"/>			Report Attached? <input type="checkbox"/>

Administrative Signatures

Name of Faculty Member: _____

Recommendation of the Departmental Promotions and Tenure Committee Chair:

Promotion:
 Approved Disapproved N/A Signature _____ Date _____

Tenure:
 Approved Disapproved N/A Signature _____ Date _____

Recommendation of the Department Chair:

Promotion:
 Approved Disapproved N/A Signature _____ Date _____

Tenure:
 Approved Disapproved N/A Signature _____ Date _____

Recommendation of the School Promotion and Tenure Committee:

Promotion:
 Approved Disapproved N/A Signature _____ Date _____

Tenure:
 Approved Disapproved N/A Signature _____ Date _____

Recommendation of the Dean:

Promotion:
 Approved Disapproved N/A Signature _____ Date _____

Tenure:
 Approved Disapproved N/A Signature _____ Date _____

Recommendation of the Dean (Academic Joint Departments):

Promotion:
 Approved Disapproved N/A Signature _____ Date _____

Tenure:
 Approved Disapproved N/A Signature _____ Date _____

Recommendation of the Provost:

Promotion:
 Approved Disapproved N/A Signature _____ Date _____

Tenure:
 Approved Disapproved N/A Signature _____ Date _____