

FACULTY PROMOTION and/or TENURE RECOMMENDATION

FORM B

| | | | |
|--|----------------|--------------------|-----------------|
| Name: | | ID# | Effective Date: |
| | Current | Recommended | |
| Rank, Title, or Position: | | | |
| Department: | | | |
| Service Basis: | | | |
| Tenure Basis: | | | |
| Check here if this application calls for a non-mandatory tenure review: <input type="checkbox"/> | | | |

When an individual has a joint appointment or multiple reporting relationships, supervisors in each reporting line should endorse this recommendation.

| Approved by: (Signature) | Position | Date |
|--------------------------|------------------|------|
| | Department Chair | |
| | | |
| | Dean | |
| | | |
| | Provost | |
| | President | |