**Eligibility and Summary of Recommendations Form for TENURE**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campus:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please write name as you want it to appear on letters)

PhD? Yes No If yes, year doctorate was granted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, please list other appropriate degree/s and/or experience:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Unit, Department, and/or Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Rank: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Years in current rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_*

Discipline in which tenure would be offered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this your mandatory year to stand for tenure (please circle)? Yes No

Appointment (please circle one): Tripartite Bipartite (Teaching and Service)

If you were hired with prior academic experience, please list accredited institution(s)

and years of service at each institution. If you held tenure at any institution, please also note.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address to which Chancellor’s decision should be mailed:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***For Provost’s Office Use Only***

**SUMMARY OF RECOMMENDATIONS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Unit-Peer Review Committee | Dean/ Director | University-wide Review  Committee | Provost |
| Recommendation | Yes/No  Vote: | Yes/No | Yes/No  Vote: | Yes/No |
| Candidate Response Included | Yes/No | Yes/No | Yes/No | Yes/No |

*Notes:*