

RECORD OF REVIEW FOR TENURE/PROMOTION

Name _____ Date _____

Dept. _____ Current Rank _____ Appointment type: 9 mo. _____ 12mo. _____

Date of initial faculty appointment at UTT _____ Years excluded: LOA _____ Other _____

Graduate Degrees Awarded (start with most recent)

Year	Degree	University
_____	_____	_____
_____	_____	_____
_____	_____	_____

Faculty Positions held (start with most recent)

Year	Ten./Ten. Earning*	Position (rank)	University
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*If not tenured or tenure-earning, leave blank

IF ACTION IS APPROVED

New Rank will be: Professor _____ Associate Professor _____ Effective Date: _____ (ordinarily 9/01)

Status will be: Tenure _____

RECOMMENDATIONS (PLEASE INITIAL)

	Recommend	Not recommended
Department Committee	_____	_____
Chair/Director	_____	_____
College Committee	_____	_____
Dean	_____	_____