

TENURE UPON APPOINTMENT COVER SHEET

NAME: _____ NON-RESIDENT ALIEN YES NO

DEPARTMENT: _____ COLLEGE: _____

DATES OF EMPLOYMENT AND HISTORY OF TIME IN RANK: (Dates are to be consistent with those on vita and other documents)

Associate Professor _____ to _____ INSTITUTION: _____

Full Professor _____ to _____ INSTITUTION: _____

RECOMMENDED FOR APPOINTMENT AS: _____

SUMMARY OF BALLOTS BY TENURED FACULTY, COMMITTEES, AND EACH ADMINISTRATOR REVIEWING FILE:

	<u>ELIGIBLE</u>	<u>AFFIRMATIVE</u>	<u>NEGATIVE*</u>	<u>ABSTAINING</u>	<u>ABSENT</u>
DEPARTMENTAL COMMITTEE	_____	_____	_____	_____	_____
TENURED FACULTY MEMBERS**	_____	_____	_____	_____	_____
DEPARTMENT CHAIR	_____	_____	_____	_____	_____
COLLEGE COMMITTEE	_____	_____	_____	_____	_____
AREA COMMITTEE (if applicable)	_____	_____	_____	_____	_____
COLLEGE DEAN	_____	_____	_____	_____	_____
UNIVERSITY COMMITTEE	_____	_____	_____	_____	_____
PRESIDENT	_____	_____	_____	_____	_____

*Include form giving reasons for any negative committee reviewer ballots.

**Do not give reasons for any negative tenured faculty member ballots.