

Reappointment, Tenure and Promotion Transmittal Form

Candidate _____ *Print full name*

Current Rank _____

College _____

Department _____

REQUESTED ACTION:

Reappointment

Tenure only

Promotion only

Recommended Rank _____

Promotion and Tenure

Recommended Rank: _____

RECOMMENDATIONS

Department RTP Committee

Recommend For

Against

Committee Chair _____ *Print full name*

Signature & Date _____

Department Chair/School Director

Recommend For

Against

Not applicable

Chair/Director _____ *Print full name*

Signature & Date _____

College Wide Review Committee

Recommend For

Against

Not applicable

Committee Chair _____ *Print full name*

Signature & Date _____

Dean

Recommend For

Against

Dean _____ *Print full name*

Signature & Date _____

Provost

Recommend For

Against

Signature & Date _____

OTHER REVIEWS AND APPEALS (as necessary)

College Wide Appeals Committee

Recommend Uphold

Not Uphold

Not applicable

Committee Chair _____ *Print full name*

Signature & Date _____

University Wide Review Committee

Recommend For

Against

Not applicable

Committee Chair _____ *Print full name*

Signature & Date _____

University Wide Appeals Committee

Recommend Uphold

Not Uphold

Not applicable

Committee Chair _____ *Print full name*

Signature & Date _____

Presidential Appeal

Recommend Uphold

Not Uphold

Not applicable

Signature & Date _____