

NTT Reappointment and Promotion Transmittal Form

Candidate _____
Current Rank _____
College _____
Department _____

REQUESTED ACTION (please check one):

- Reappointment
 Promotion

Recommended Rank _____

RECOMMENDATIONS

Department NTT Evaluation 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 _____

Dean

- Recommend For
 Against

Dean _____
Print full name

Signature & Date _____

Provost

- Recommend For
 Against

Signature & Date _____

OTHER REVIEWS AND APPEALS (as necessary)

University Wide Appeals Committee

- Recommend For
 Against
 Not applicable

Committee Chair _____
Print full name

Signature & Date _____

Labor Management Committee

- Recommend Forward to _____
 Return to _____

Committee Chair _____
Print full name

Signature & Date _____