

Reappointment, Tenure and Promotion Transmittal Form

Candidate _____
Current Rank _____
College _____
Department _____

REQUESTED ACTION (please check one):

- Reappointment
- Promotion and Tenure
Recommended Rank _____
- Tenure only
- Promotion only
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 (4th year review or tenure/promotion)

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 _____