

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 _____