

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 _____