

RECORD OF REVIEW FOR TENURE/PROMOTION

Name _____

Date: _____

Department: _____

Current Rank: _____

Date of initial faculty appointment at UTT: _____

Appointment type: 9 mo. ____ 12 mo. ____

Years excluded: LOA _____ Other _____

Graduate Degrees Awarded (start with most recent)

Year	Degree	University

Faculty Positions Held (start with most recent)

Year	TT, TN, NTT	Position (Rank)	University

IF ACTION IS APPROVED

New Rank: _____ Effective Date: September 1, _____

New Status: Tenure (Y/N) _____

RECOMMENDATIONS

	<u>Recommend</u>	<u>Not Recommended</u>	<u>Signature</u>
Department Committee	_____	_____	_____
			Department Committee Chair
Chair/Director	_____	_____	_____
			Department Chair
College Committee	_____	_____	_____
			College Committee Chair
Dean	_____	_____	_____
			Dean