

COLLEGE OF HEALTH RELATED PROFESSIONS
RECOMMENDATION FOR TENURE

Date: _____

Name of Nominee: _____

Present Academic Rank: _____

Department: _____

Selected Promotion and Tenure Guidelines: 1985 2002

RECOMMENDATIONS:

- Recommended
- Not Recommended

Department Chairman

Date

- Recommended
- Not Recommended

College Committee Chairman

Date

- Recommended
- Not Recommended

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Date