Tenure Recommendation Form

The Faculty Tenure Committee for: ______________________ makes (Candidate’s Name)
the following recommendation:

_______  Tenure Recommended

_______  Tenure Not Recommended

_______  Extension of candidate’s probationary contract into a fifth year.

_________________________________________  (Dean)  ________________________ (Date)

_________________________________________  (Department Chair/Program Director)  ________________________ (Date)

_________________________________________  (Faculty A)  ________________________ (Date)

_________________________________________  (Faculty B)  ________________________ (Date)