



## Summary of Tenure Recommendation

Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
College: \_\_\_\_\_  
Tenure Decision Year: \_\_\_\_\_

### Education:

### Professional Experience:

	Department Personnel Committee	Department Chair	College or School Personnel Committee	College or School Dean	Provost	Chancellor
YES						
NO						

### Chancellor's Recommendations (Excellent, Strong, or Not Strong)

Research, Creative or Professional Activity: \_\_\_\_\_

Teaching: \_\_\_\_\_

Service: \_\_\_\_\_

### Department

Total Faculty Positions: \_\_\_\_\_

Faculty with Tenure: \_\_\_\_\_