

*The University of Oklahoma Health Sciences Center*

**RECOMMENDATION OF THE DEPARTMENTAL CHAIR**

\_\_\_\_\_ TENURE

\_\_\_\_\_ PROMOTION

CANDIDATE'S NAME	PRIMARY ACADEMIC DEPARTMENT	COLLEGE
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GRANT \_\_\_\_\_ DENY \_\_\_\_\_

**My reasons are as follow:**

\_\_\_\_\_  
SIGNATURE OF THE CHAIR

\_\_\_\_\_  
DATE