

The University of Oklahoma Health Sciences Center

**TENURE RECOMMENDATION
ACADEMIC UNIT**

CANDIDATE'S NAME	PRIMARY ACADEMIC DEPARTMENT	COLLEGE
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- 1) If candidate is being considered prior to final probationary year, indicate results of preliminary vote (*forward only if a majority of departmental tenured faculty favor **early consideration***):

In Favor _____ Against _____ Unavailable _____

- 2) Total number of tenured faculty in academic unit (*the Chair does not vote as a member of the academic unit*):

3) **RESULTS OF ACADEMIC VOTE**

A recommendation to grant or to deny requires a majority decision of all those polled, including those abstaining:

Grant _____ Deny _____ Abstain _____ Defer _____ Unavailable _____ TOTAL _____

If there were faculty not available for the academic unit vote, briefly explain reason for the unavailability:

Date of Vote _____

SIGNATURE OF ACADEMIC UNIT

DATE