

The University of Oklahoma Health Sciences Center

COVER SHEET FOR TENURE AND PROMOTION DOCUMENTS

CANDIDATE'S NAME:	PRIMARY ACADEMIC DEPARTMENT:	COLLEGE:
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CANDIDATE'S CAMPUS ADDRESS:

PART I – ACADEMIC APPOINTMENT

DATE OF INITIAL PRIMARY APPOINTMENT:				
TENURED DATE TENURE AWARDED:	TENURE ELIGIBLE DATE ELIGIBLE FOR TENURE:	CONSECUTIVE TERM	LIMITED TERM IEO APPROVAL DATE:	VOLUNTEER
CHECK BOX IF THIS IS A JOINT APPOINTMENT	CHECK BOX IF THIS IS A DUAL EMPLOYEE	CHECK BOX IF THIS IS A DUAL APPOINTEE		

PART II – ACADEMIC TITLES

List all **current** (primary and secondary) titles. If the faculty member is being recommended for promotion, please also enter the **proposed** academic rank/title for the faculty member's primary title and any secondary titles. Secondary title promotions require the support letter(s) of the applicable Department Chair and Dean.

	Current	Proposed (if recommended for promotion)
PRIMARY TITLE Department College Date of Appointment to Present Primary Rank		
SECONDARY TITLE Department College Date of Appointment to Present Secondary Rank		

If additional space is needed, please complete Part II on page 2.

PART III – RECOMMENDATIONS

(See Instructions for Details)

TENURE RECOMMENDATIONS	Grant	Deny	Abstain	Defer	Unavailable
Tenured Department Faculty					
Chair					
College Tenure/Promotion Committee					
Dean					
Campus Tenure Committee					
Provost					
President					

ADDITIONAL INFORMATION:
"Early Consideration" for Tenure
Notification Letter to Provost on File
"Previous Deferral" for Tenure
Year(s) Granted _____

PROMOTION RECOMMENDATIONS	Grant	Deny	Abstain	Defer	Unavailable
Department Faculty					
** Department Promotions Committee					
Chair					
College Tenure/Promotion Committee					
Dean					
Provost					
President					

** If Applicable

ADDITIONAL INFORMATION
"Previous Deferral" for Promotion:
Year(s) _____