

Tenure Review Cover Sheet

Candidate's Name: _____
College: _____
Department: _____
Current Rank: _____

Type of Tenure Review: _____ **2nd** _____ **4th** _____ **Final** _____ **Other**
 _____ **required 3rd/5th**

Recommendations: (Please check appropriate box and sign)

Reviewer/s	Continue Probationary Appointment			End Probation	Final Tenure Review		Signature	Date
	Positive Review	Positive Review w/ Conditions*	Negative Review w/ Conditions*	Negative Review	Positive Review (Grant Tenure)	Negative Review (Deny Tenure)		
Department/College Committee								
Chair/Director								
Dean								
Provost								

Attach full documentation, including written statements to candidate.

* List conditions here:

(Updated 8/12)