**Western Michigan University**  
**Tenure Review Cover Sheet**

**Candidate Name:**  
____________________________________________________________________________________

**College:**  
____________________________________________________________________________________

**Department:**  
____________________________________________________________________________________

**Current Rank:**  
____________________________________________________________________________________

**Tenure Review Type:**  

- [ ] 2nd
- [ ] 4th
- [ ] Final

- [ ] Required 3rd
- [ ] Required 5th

Recommendations (Please check appropriate box and sign where indicated):

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<th>Reviewer(s)</th>
<th>Positive Recommendation w/ Conditions*</th>
<th>Negative Recommendation w/ Conditions*</th>
<th>Negative Recommendation</th>
<th>Positive Recommendation (Grant Tenure)</th>
<th>Negative Recommendation (Deny Tenure)</th>
<th>Signature</th>
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Attach full documentation, including written statements/letters to candidate.

*List specific conditions here:

**NOTE:** If the candidate is applying for promotion to full professor or master faculty specialist at the same time, they must also complete and attach the Promotion Review Summary Sheet

Revised: 30 July 2021 /dc