

**Western Michigan University  
Tenure Review Cover Sheet**

**Candidate Name:** \_\_\_\_\_

**College:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Current Rank:** \_\_\_\_\_

**Tenure Review Type:**                    \_\_\_\_\_ 2<sup>nd</sup>                    \_\_\_\_\_ 4<sup>th</sup>                    \_\_\_\_\_ Final  
    \_\_\_\_\_ Required 3<sup>rd</sup>                    \_\_\_\_\_ Required 5<sup>th</sup>

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

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

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