

TENURE AND PROMOTION RECOMMENDATION FORM

PAGE 2

Faculty Member's Name: _____

Complete this section only if the Department Chair is making a separate recommendation.

SECTION III: Department Chair's Recommendation on Tenure

Complete this section only if the Department Chair is making a separate recommendation.

The Department Chair is NOT making an independent recommendation.

After thorough review of the WPAF, and based on the requirements in the approved probationary plan the department chair makes the following recommendation:

Record recommendation on Tenure	For Early Tenure Only: Record recommendation on making normal progress
<input type="checkbox"/> Tenure <input type="checkbox"/> Additional Probationary Year -Early Tenure Only <input type="checkbox"/> Terminal Year	<input type="checkbox"/> Yes, candidate is making normal progress. <input type="checkbox"/> No, candidate is not making normal progress.

Department Chair's Recommendation on Promotion

Complete this section only if the Department Chair is making a separate recommendation.

After thorough review of the WPAF, and based on the requirements policy on promotion, the department chair makes the following recommendation:

<input type="checkbox"/> Promotion Recommended	<input type="checkbox"/> Promotion NOT Recommended
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Signature certifies that the above recommendation and the attached written evaluation represent the recommendation of the department chair.

Department Chair's Name (Typed)

Signature

Date

APPLICANT'S ACKNOWLEDGEMENT:

I have received a copy of this form and the attached written recommendation of the department peer review committee and, if the department chair made a separate recommendation, a copy of the department chair's written recommendation as well. I realize that signing this form does not necessarily mean that I agree with the recommendation of the department peer review committee and/or the department chair.

I have had an opportunity to review the recommendations, and I am aware that I may submit a response or rebuttal statement to the chair of the college/school peer review committee and the dean. I realize that I have ten days to respond before my WPAF moves to the next level of review and my response or rebuttal will be incorporated into **Section 6** before it moves forward. I understand that my rebuttal **MUST** be submitted 10 days from the recommendation (or for Tenure and Promotion by 5:00pm on the deadline.)

Applicant's Signature

Date

Place this form in Section 4 and place written recommendations (signed, dated and with page numbers) in Section 5 of applicants WPAF. For Off Year Review (OYR) faculty, send this form to the next level of review with file.

TENURE AND PROMOTION RECOMMENDATION FORM

PAGE 3

Faculty Member's Name: _____

SECTION IV: College/School Peer Review Committee's Recommendation on Tenure	
After thorough review of the WPAF, and based on the requirements in the approved probationary plan, the committee has voted and makes the following recommendation:	
Record vote on Tenure	For Early Tenure Only: Record recommendation on Making Normal Progress
Number of votes for Additional Probationary Year (Early only):	<input type="checkbox"/> Yes, candidate is making normal progress. <input type="checkbox"/> No, candidate is not making normal progress.
Number of votes for Tenure:	
Number of votes for Terminal Year:	

College/School Peer Review Committee's Recommendation on Promotion	
After thorough review of the WPAF, and based on the criteria set in the policy on promotion, the committee has voted and makes the following recommendation:	
<input type="checkbox"/> Promotion Recommended	<input type="checkbox"/> Promotion NOT Recommended
Number of votes for Promotion:	Number of votes for Not Promote:

SIGNATURES:

Review Committee Chair's Name (Typed)	Signature	Date
Committee Member's Name (Typed)	Signature	Date
Committee Member's Name (Typed)	Signature	Date
Committee Member's Name (Typed)	Signature	Date
Committee Member's Name (Typed)	Signature	Date
Committee Member's Name (Typed)	Signature	Date
Committee Member's Name (Typed)	Signature	Date

TENURE AND PROMOTION RECOMMENDATION FORM

PAGE 4

Faculty Member's Name: _____

SECTION V: Dean's Recommendation on Tenure		
After thorough review of the WPAF, and based on the requirements in the approved probationary plan the dean makes the following recommendation:		
Record recommendation for Tenure	For Early Tenure Only: Record recommendation on Making Normal Progress	Based on Department, Dept Chair (if any), College/School, & Dean recommendations:
<input type="checkbox"/> Tenure <input type="checkbox"/> Additional Probationary Year (Early Tenure Only) <input type="checkbox"/> Terminal Year	<input type="checkbox"/> Yes, candidate is making normal progress. <input type="checkbox"/> No, candidate is not making normal progress.	<input type="checkbox"/> Candidate will be reviewed by UB RTP – at least one level had a negative or no recommendation. <input type="checkbox"/> Candidate will not be reviewed by UB RTP.

Dean's Recommendation on Promotion		
After thorough review of the WPAF, and based on the requirements policy on promotion, the dean makes the following recommendation:		
Promotion Recommendation	Based on Department, Department Chair (if any), College/School, & Dean recommendation:	
<input type="checkbox"/> Promotion Recommended	<input type="checkbox"/> Promotion NOT Recommended	<input type="checkbox"/> Candidate will be reviewed by UB RTP – at least one level made a negative or no recommendation <input type="checkbox"/> Candidate will not be reviewed by UB RTP.

Signature certifies that the above recommendation and the attached written evaluation represent the recommendation of the dean.

Dean's Name (Typed)

Signature

Date

APPLICANT'S ACKNOWLEDGEMENT:

I have received a copy of this form, and the attached written recommendations of the college/university peer review committee and the dean. I realize that signing this form does not necessarily mean that I agree with the recommendation of the college/school peer review committee and/or the dean.

I have had an opportunity to review the recommendations, and I am aware that I may submit a response or rebuttal statement to the Chair of the University Board on Retention, Tenure, and Promotion (UB RTP). I realize that I have ten days to respond before my WPAF moves to the next level of review and that my response or rebuttal will be incorporated into **Section 6** before it moves forward. I understand that my rebuttal **MUST** be submitted 10 days from the recommendation (or for Tenure and Promotion by 5:00 pm on the deadline.)

Applicant's Signature

Date

Place this form in Section 4 and place written recommendations (signed, dated and with page numbers) in Section 5 of applicants WPAF. Place newest dates on top.

SECTION VI: University Board Retention, Tenure, and Promotion's (UB RTP) Recommendation UB RTP's recommendation will be mailed to the faculty member at his/her department address.

SECTION VII: Provost Decision The Provost, acting as the President's designee, will issue a final decision. The decision will be available for pickup by the applicant in the Dean's Office. Applicant signature will be required.
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TENURE AND PROMOTION RECOMMENDATION FORM
Page 1 Supplement

Faculty Member's Name: _____

ADDITIONAL SIGNATURES:

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