

## APPENDIX D

### TRANSMITTAL FORM FOR RECOMMENDING PROMOTION AND TENURE

I. Candidate's name: \_\_\_\_\_  
(last) (first) (m.i.)

II. Department/Division: \_\_\_\_\_

III. Full-time as of September 1 \_\_\_\_/\_\_\_\_ or Part-time \_\_\_\_/\_\_\_\_  
years months years months

IV. Primary Academic Area: \_\_\_\_\_ Secondary Academic Area (if applicable): \_\_\_\_\_

V. Degree(s): \_\_\_\_\_

VI. Rank (Fill in as appropriate and indicate date rank(s) acquired):

	Date acquired:	
	Month	Year
a. Initial HSC appointment _____	_____	_____
b. Present rank _____	_____	_____
c. Proposed rank _____		

VII. Tenure

a. Tenure review: requested: Yes \_\_\_\_\_ No \_\_\_\_\_

b. Tenure previously granted (if yes give date) \_\_\_\_\_

VIII. Chairman's Recommended Action:

a. Promotion approve \_\_\_\_\_ disapprove \_\_\_\_\_ N/A \_\_\_\_\_

b. Tenure approve \_\_\_\_\_ disapprove \_\_\_\_\_ N/A \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Department Chairman's signature - date

Received on: \_\_\_\_\_ by: \_\_\_\_\_  
Date Associate Dean for Academic Affairs

DO NOT WRITE BELOW THIS LINE (For Component Committee Use Only)

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IX. Component Appointment Promotion and Tenure Committee Recommended Action:

a. Promotion approve \_\_\_\_\_ disapprove \_\_\_\_\_ N/A \_\_\_\_\_

b. Tenure approve \_\_\_\_\_ disapprove \_\_\_\_\_ N/A \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Committee Chairman's Signature Date