

FORM A

**TENURE AND PROMOTION
REQUEST FOR CONSIDERATION**

Name _____

Earned Degrees

Certification/Licensure, if applicable

Discipline

Department/School

College

Years in present rank (including present year)

I am requesting consideration for:

- a. Promotion from _____ to _____
- b. Tenure

I certify that the materials presented are accurate and complete.
I have reviewed the enclosed dossier and consider it accurate and complete.

Signature of faculty member

Date

Signature of Unit Head

Date

FORM B

This form should be duplicated, completed for the past five years, and submitted with most recent year presented first.

FACULTY MEMBER RESPONSIBILITIES

YEAR QUARTER	COURSE NUMBERS	BRIEF COURSE TITLES	BEGINNING OFFICIAL 9TH CLASS DAY ENROLLMENT	*ENDING ENROLLMENT
Calendar Year _____ - _____				
Summer				
Fall				
Winter				
Spring				
*Ending enrollment is defined as the number of students receiving grades of A, B, C, D, F, and P. Do not include students having W, W+, and I.				