

Division of Academic Affairs
Promotion & Tenure
Departmental Review Notification Form



DATE: _____

TO: _____

FROM: _____

Department Chair's Initials: _____

Attached is the recommendation and justification based on your recent application for _____

My initials here indicate that I have met with my department chair or direct supervisor and have been informed of the recommendation which includes being provided a copy of the written recommendation and justification.* _____

Return this original form to the Dean's Office no later than _____
(one week from today's meeting)

Your selection below will indicate how you would like to proceed with your submitted application. Check only one.

TO BE COMPLETED BY CANDIDATE - CHECK ONLY ONE

Proceed with original application - no changes.

I have e-mailed supplemental materials, as a PDF, to the Dean to be included with my application. (Not to be later than the date listed above.)

This will serve as notice that I am withdrawing my application for _____
(see Faculty Handbook for additional guidelines.)*

My signature below signifies that I would like my application to be processed as indicated above.

Candidate's Signature/Date: _____

Dean's Signature/Date: _____

*Per Faculty Handbook 3.10.3 Promotion Process & 3.11.4.3 Tenure Procedures
"The chair then meets with the candidate and informs the candidate of the recommendation, giving the candidate a copy of the written recommendation and justification."