



University of Colorado Denver Office of the Provost

Mr. Ms. Dr.

Name (Last, First, Middle Initial)

Rank/Title

Yes No

Yes No

School or College

Department

Tenure Track

Tenured

Highest Degree Awarded

Year Awarded

Institution

- Years at the University of Colorado on the Tenure Track: _____
- Years at the University of Colorado NOT on the Tenure Track: _____
- Elsewhere (List only if approved for PRIOR SERVICE CREDIT): Institution: _____ Years: _____ Title/Rank: _____
Institution: _____ Years: _____ Title/Rank: _____
Institution: _____ Years: _____ Title/Rank: _____

Reappointment, promotion, and tenure recommendations should be documented by supporting statements from the primary unit and the Dean.

A. Recommendation for REAPPOINTMENT (Tenure-Track)/ CONTINUATION OF INDETERMINATE APPOINTMENT (Non Tenure-Track) (Subject to final approval by the Chancellor)

PRIMARY UNIT'S RECOMMENDATION:

Recommended _____ for _____ years (TT only) Effective date _____
Reappt. Not recommended _____ Signature _____ Date _____

DEAN'S RECOMMENDATION:

Recommended _____ for _____ years (TT only) Effective date _____
Reappt. Not recommended _____ Signature _____ Date _____

PROVOST'S RECOMMENDATION:

Recommended _____ for _____ years (TT only) Effective date _____
Reappt. Not recommended _____ Signature _____ Date _____

B. Recommendation for PROMOTION (Promotions subject to final approval by the Chancellor)

PRIMARY UNIT'S RECOMMENDATION:

Recommended _____ for _____ (Title/Rank) Effective date _____
Reappt. Not recommended _____ Signature _____ Date _____

DEAN'S RECOMMENDATION:

Recommended _____ for _____ (Title/Rank) Effective date _____
Reappt. Not recommended _____ Signature _____ Date _____

PROVOST'S RECOMMENDATION:

Recommended _____ for _____ (Title/Rank) Effective date _____
Reappt. Not recommended _____ Signature _____ Date _____

C. Recommendation for CONTINUOUS TENURE (All continuous tenure recommendations subject to final approval by the Regents.)

PRIMARY UNIT'S RECOMMENDATION:

Recommended _____ Effective date _____
Tenure. Not recommended _____ Signature _____ Date _____

DEAN'S RECOMMENDATION:

Recommended _____ Effective date _____
Tenure Not recommended _____ Signature _____ Date _____

PROVOST'S RECOMMENDATION:

Recommended _____ Effective date _____
Tenure Not recommended _____ Signature _____ Date _____