University of Colorado Denver – Office of the Provost
Reappointment, Tenure, and Promotion Signature Form (UCD-7)

Mr. [ ] Ms. [ ] Dr. [ ] Name (Last, First, Middle Initial) Rank/Title [ ] Yes [ ] No [ ] Yes [ ] No

School / College / Library 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 of Credit: ______ Title/Rank: ________________________________

Institution: ________________________________ Years of Credit: ______ Title/Rank: ________________________________

A. Recommendation for REAPPOINTMENT (Tenure-Track)
(Subject to final approval by the Chancellor)

PRIMARY UNIT’S RECOMMENDATION:
Recommended ______ for ______ years (TT only) Effective date ________________________________

Not recommended ______

Signature ________________________________ Date __________

DEAN’S RECOMMENDATION:
Recommended ______ for ______ years (TT only) Effective date ________________________________

Not recommended ______

Signature ________________________________ Date __________

PROVOST’S RECOMMENDATION:
Recommended ______ for ______ years (TT only) Effective date ________________________________

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 ________________________________

Not recommended ______

Signature ________________________________ Date __________

DEAN’S RECOMMENDATION:
Recommended ______ for ______ (Title/Rank) Effective date ________________________________

Not recommended ______

Signature ________________________________ Date __________

PROVOST’S RECOMMENDATION:
Recommended ______ for ______ (Title/Rank) Effective date ________________________________

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 ________________________________

Not recommended ______

Signature ________________________________ Date __________

DEAN’S RECOMMENDATION:
Recommended ______

Effective date ________________________________

Not recommended ______

Signature ________________________________ Date __________

PROVOST’S RECOMMENDATION:
Recommended ______

Effective date ________________________________

Not recommended ______

Signature ________________________________ Date __________