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 _____