Name (Last, First, Middle Initial)  

[ ] Mr.  [ ] Ms.  [ ] Dr.  

Rank/Title  

[ ] Yes  [ ] No  

School / College / Library  

Department  

Tenure Track  

Tenured  

[ ] Yes  [ ] No  

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 _______