

APPLICATION FOR TENURE

Name _____

Department _____

Highest Degree _____

Discipline _____

Present Rank _____

Total Years University Experience _____

Total Years Sul Ross Experience _____

Recommendation

Departmental Review Committee Date

For _____ Against _____
*Rank: _____ of _____

Department Chair Date

For _____ Against _____
*Rank: _____ of _____

School Review Committee Date

For _____ Against _____
*Rank: _____ of _____

Dean Date

For _____ Against _____
*Rank: _____ of _____

Faculty Affairs Council Date

For _____ Against _____
*Rank: _____ of _____

Vice President for Academic Affairs Date

For _____ Against _____
*Rank: _____ of _____

*Rank each applicant relative to total number of applicants reviewed.

Attachment A