

Tenure-Track Faculty - Promotion/Tenure Review Form

Legal Name _____
first middle last suffix (Jr., II, etc.)

Highest Degree Obtained _____ **Employee Number** _____

Experience (yrs) _____ at Ohio University _____ at other higher ed. institution _____ elsewhere

Current Rank ☐ Assistant Professor ☐ Associate Professor ☐ Other _____

Date Current Rank Awarded _____ **Date OU Employment Commenced** _____

Office Building & Room # _____ **Email Address** _____

The person named above is herewith reviewed for

☐ Promotion to Associate Professor with Tenure ☐ Tenure only ☐ Promotion to Professor
☐ Other _____

Department, School, or Regional Campus Program _____
Please do not abbreviate.

College or Regional Campus Division _____
Please do not abbreviate.

Campus _____ **Effective Date of Proposed Promotion and/or Tenure** _____
Usually the first day reporting to work for the upcoming academic year.

For Reviewers Only

Reviewers with asterisk (*): If recommending, add the recommendation letter to this form. If denying, add letter giving reason(s) beneath this form (and any subsequent communications regarding the denial) for possible future reference.

Department/ School Committee*

Promotion Recommended ☐ YES ☐ NO ☐ N/A

Tenure Recommended ☐ YES ☐ NO ☐ N/A

Chair's Name _____

Signature _____

Chair / Director / Other*

Promotion Recommended ☐ YES ☐ NO ☐ N/A

Tenure Recommended ☐ YES ☐ NO ☐ N/A

Chair's Name _____

Signature _____

College Committee (if applicable)*

Promotion Recommended ☐ YES ☐ NO ☐ N/A

Tenure Recommended ☐ YES ☐ NO ☐ N/A

Chair's Name _____

Signature _____

Dean*

Promotion Recommended ☐ YES ☐ NO ☐ N/A

Tenure Recommended ☐ YES ☐ NO ☐ N/A

Dean's Name _____

Signature _____

Executive Vice President and Provost

Promotion Recommended ☐ YES ☐ NO ☐ N/A

Tenure Recommended ☐ YES ☐ NO ☐ N/A

Chaden Djalali _____

Signature _____

President

Promotion Recommended ☐ YES ☐ NO ☐ N/A

Tenure Recommended ☐ YES ☐ NO ☐ N/A

M. Duane Nellis _____

Signature _____