

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

**COVER SHEET FOR PROMOTION DOCUMENTS**

1. **NAME** \_\_\_\_\_

2. **ADMINISTRATIVE TITLE** (if applicable) \_\_\_\_\_

3. **PROMOTION CONSIDERATION**

Current Rank \_\_\_\_\_

Proposed Rank \_\_\_\_\_

Department \_\_\_\_\_

4. **PRIMARY ACADEMIC APPOINTMENT**

Rank \_\_\_\_\_

Department \_\_\_\_\_

College \_\_\_\_\_

Date of Initial Primary Appointment \_\_\_\_\_

Date of Appointment to Present Rank \_\_\_\_\_

5. **SECONDARY ACADEMIC APPOINTMENT**

Rank \_\_\_\_\_

Department \_\_\_\_\_

College \_\_\_\_\_

Date of Initial Secondary Appointment \_\_\_\_\_

Date of Appointment to Present Rank \_\_\_\_\_

6. **TYPE OF CURRENT ACADEMIC APPOINTMENT**

Tenured \_\_\_\_\_ (Year Tenure Awarded \_\_\_\_\_)

Tenure Eligible \_\_\_\_\_ (Year Tenure Eligible \_\_\_\_\_)

Consecutive Term \_\_\_\_\_

Temporary \_\_\_\_\_ (Year Original Appointment \_\_\_\_\_)

(Affirmative Action Completed? \_\_\_\_\_ Yes \_\_\_\_\_ No)

Volunteer \_\_\_\_\_

7. **DEPARTMENT FACULTY**

Full-Time Faculty ( \_\_\_\_\_ ) in \_\_\_\_\_ (excluding vacant positions):  
Department

	<u>Tenured</u>	<u>Non-Tenured</u>	<u>Total</u>
Professor	_____	_____	_____
Associate Professor	_____	_____	_____
Assistant Professor	_____	_____	_____
Instructor	_____	_____	_____
TOTAL	_____	_____	_____

8. **RECOMMENDATIONS**

Departmental Promotions Committee Grant \_\_\_\_\_ Deny \_\_\_\_\_

Departmental Faculty Grant \_\_\_\_\_ Deny \_\_\_\_\_

Chair Grant \_\_\_\_\_ Deny \_\_\_\_\_

College Promotions Committee Grant \_\_\_\_\_ Deny \_\_\_\_\_

Dean Grant \_\_\_\_\_ Deny \_\_\_\_\_

Provost Grant \_\_\_\_\_ Deny \_\_\_\_\_

President Grant \_\_\_\_\_ Deny \_\_\_\_\_

**Preparation Date:** \_\_\_\_\_

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

**RECOMMENDATION OF THE DEAN**

\_\_\_\_\_ TENURE

\_\_\_\_\_ PROMOTION

\_\_\_\_\_

CANDIDATE'S NAME

\_\_\_\_\_

DEPARTMENT

GRANT \_\_\_\_\_ DENY \_\_\_\_\_

**My reasons are as follow:**

\_\_\_\_\_

SIGNATURE OF THE DEAN

\_\_\_\_\_

DATE

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

**RECOMMENDATION OF THE DEPARTMENTAL CHAIR**

\_\_\_\_\_ TENURE

\_\_\_\_\_ PROMOTION

\_\_\_\_\_  
CANDIDATE'S NAME

\_\_\_\_\_  
DEPARTMENT

GRANT \_\_\_\_\_ DENY \_\_\_\_\_

**My reasons are as follow:**

\_\_\_\_\_  
SIGNATURE OF THE CHAIR

\_\_\_\_\_  
DATE