

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

COVER SHEET FOR TENURE DOCUMENTS

1. **NAME** _____

2. **ADMINISTRATIVE TITLE** (if applicable) _____

3. **PRIMARY ACADEMIC APPOINTMENT**

Rank _____

Department _____

College _____

Date of Initial Primary Appointment _____

Date of Appointment to Present Rank _____

4. **SECONDARY ACADEMIC APPOINTMENT**

Rank _____

Department _____

College _____

Date of Initial Secondary Appointment _____

Date of Appointment to Present Rank _____

5. **AGREED TO LENGTH OF PROBATIONARY PERIOD**

_____ Years
_____ Date Eligible for Tenure

6. **RECOMMENDATIONS**

Tenured Dept. Faculty	Grant _____	Deny _____	Abstain _____
Chair	Grant _____	Deny _____	
Dean	Grant _____	Deny _____	
Campus Tenure Committee	Grant _____	Deny _____	Other _____
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

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

**TENURE RECOMMENDATION
CAMPUS TENURE COMMITTEE**

CANDIDATE'S NAME

DEPARTMENT

RESULTS OF COMMITTEE VOTE

<u>Action</u>	<u>Number of Votes</u>	COMMITTEE RECOMMENDATION:
Grant	_____	Grant_____ Deny_____ Other_____
Deny	_____	
Abstain	_____	
Unavailable	_____	
TOTAL	_____	Date of Vote _____

Recommendations and Supporting Reasons:

SIGNATURE OF THE CHAIR

DATE