

Application Cover Sheet for Promotion and Tenure Review

Name: _____

Department/School: _____

_____ Candidate for tenure

_____ Candidate for promotion to the rank of: _____

Initial faculty appointment date at BGSU: _____

Initial faculty rank at BGSU: _____

Current rank and year of last promotion: _____

Candidate's signature: _____

Secure appropriate signatures at each stage of the review process as required by individual unit structure and procedures.

Recommended by:

Not Recommended by:

Date:

Department/Division/Program:

Committee

Committee

Chair/Director

Chair/Director

School:

Committee

Committee

Director

Director

College:

Committee

Committee

Dean

Dean