

TENURE RECOMMENDATIONS

Name _____ Highest Degree _____
Rank _____ Years in Rank _____
Department _____ Years at UTC _____

Years of Total Academic Experience at Instructor Rank or Higher _____

EDO Rating: 2007-2008 _____ 2008-2009 _____ 2009-2010 _____

Evidence of Excellence as a Teacher: Yes No

Maximum Date for Tenure Consideration According to Appointment Letter _____

Action by Committee on (Date) _____

Recommend _____ # Do Not Recommend _____ # Abstentions _____

Members _____

Signature of Committee Chair _____ Date _____

Action by Department Head:

Recommend Do Not Recommend

Signature of Dept Head _____ Date _____

Action by Dean:

Recommend Do Not Recommend

Signature of Dean _____ Date _____

Action by Provost:

Recommend Do Not Recommend

Signature of Provost _____ Date _____

Please forward with all supporting materials including the faculty dossier; evidence of teaching, scholarship, and service; and a one page narrative summarizing major accomplishments listed in the dossier (when a positive recommendation is made, this page will be forwarded to the UT Vice President for Academic Affairs).

If you recommend the granting of tenure, please write a detailed justification citing criteria listed in the Faculty Handbook. Where "varying degrees of weight" are being accorded particular criteria, provide a clear explanation.