

Nomination for Tenure (AG Only)

Campus _____ Date _____

Name of Nominee _____

Department _____ Present Academic Rank _____

Recommended _____
 Not Recommended _____
 Chair of the Department Unit Committee _____ Date _____
 # of Yes _____ # of No _____

Recommended _____
 Not Recommended _____
 Chair of the Department Tenured/Promoted Faculty Committee _____ Date _____
 # of Yes _____ # of No _____

Recommended _____
 Not Recommended _____
 Department Chairperson _____ Date _____

Recommended _____
 Not Recommended _____
 Chair of College/Division Committee _____ Date _____
 # of Yes _____ # of No _____

R _____
 NR _____
 Dean of the College _____ Date _____

R _____
 NR _____
 Assoc. VP for Agriculture _____ Date _____

R _____
 NR _____
 Provost _____ Date _____

R _____
 NR _____
 VP for Agriculture _____ Date _____

Recommended _____
 Not Recommended _____
 Chair of University Appointment, Promotion, and Tenure Committee _____ Date _____
 # of Yes _____ # of No _____

Recommended _____
 Not Recommended _____
 Chancellor _____ Date _____

Recommended _____
 Not Recommended _____
 President _____ Date _____

R – Recommended
NR – Not Recommended

The President will write letters conferring tenure, with copies to the Chancellor.

4/30/2020
8/23/19
7/15/16