

Appendix II
RECOMMENDATION FOR TENURE IN ACADEMIC RANK

Name of Faculty Member: _____ Date of Submission: _____

Current Academic Rank: _____ Years in Current Rank: _____ Years at UND: _____

Academic Department: _____ Highest Degree: _____

As to the recommendation for tenure:

Action of the Departmental Committee on Promotion and Tenure

_____	Recommend tenure	Votes for _____
_____	Does not recommend tenure	Votes against _____

Signature, Dept. CPT Chair

Action of the Department or Program Chair

_____	Recommend tenure
_____	Does not recommend tenure

Signature, Departmental Chair

Action of the SMHS Committee on Promotion and Tenure

_____	Recommend tenure	Votes for _____
_____	Does not recommend tenure	Votes against _____

Signature, SMHS CPT Chair

Action of the Dean

_____	Recommend tenure
_____	Does not recommend tenure

Signature, Dean SMHS