

2014 TENURE AND PROMOTION RECOMMENDATION

*(Please type and fill in **all** appropriate fields)*

Name WSU ID #

Current Title

Department/Unit (If off-campus, please give ENTIRE address. If on-campus give department name and 4+plus zip code.)

FINAL ACTION

	Area*	Chair	Dean	Chancellor	Provost
Grant Tenure	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deny Tenure	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promote	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defer Promotion	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Indicate numbers for each

Pullman Spokane Tri-Cities Vancouver Other

Terminal Degree Degree Year Beginning Tenure-Track at @WSU

Academic Annual

Tenured Year Tenure Eligible Year Year of Third-Year Review

SUPPORT MATERIALS ATTACHED

- | | |
|--|--|
| <input type="checkbox"/> Current Resume | <input type="checkbox"/> Teaching Portfolio |
| <input type="checkbox"/> Past Annual, Pre-Tenure and Third-Year Review | <input type="checkbox"/> Faculty Recommendations |
| <input type="checkbox"/> Context Statement | <input type="checkbox"/> Reprints/Creative Accomplishments |
| <input type="checkbox"/> Letters from Outside Reviewers | <input type="checkbox"/> Copy of Department and College Criteria |
| <input type="checkbox"/> Evaluation of Reviewers | <input type="checkbox"/> other |

Summary of Review Criteria
(Continue on attachment if necessary)

**Chair's Analysis
and
Recommendation**

(Continue on attachment
if necessary)

Signature

Date

Please type name

**Dean's Analysis
and
Recommendation**

(Continue on attachment
if necessary)

Signature Date

Please type name

Chancellor's Signature Date

Please type name