## UTC Tenure Recommendation Form

Name: UTCID:		Department:				
		Personnel №:				
			Years at Rank: Total Years Tenured or on Tenure Track:			
EDO Rating history	Year:	Rating:				
	Year:	Rating:				
	Year:	Rating:				
Note: Year for EDO Ra	ting should indicate	academic yed				
Action of Department	tal RTP Committee					
Vote Count: For Tenure: Against		Against Ten	ure:	_ Abstentions:		
Names of Committee	Members:					
Signature of RTP Com	mittee Chair:				Date:	
Action by Departmen						
Recommends for Tenure: Recommends			mends Against T	enure:		
Signature of Departme	ent Head:				Date:	
Action by College RTP	Committee					
			mends Against T	enure:		
Signature of College R			_		Date:	
Action by Dean						
·			mends Against T	enure:		
Signature of Dean:					 Date:	

## **Action by Provost**

Recommends for Tenure:	Recommends Against Tenure:		
Signature of Provost:		Date:	
Action by Chancellor			
Recommends for Tenure:	Recommends Against Tenure:		
Signature of Chancellor:		Date:	

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