PROVOST AND PRESIDENT TRACKING FORM

Name: _____

Action (select one):

☐ Promotion to Professor
☐ Promotion to Associate Professor (Applicable only if the candidate holds tenure or if the candidate holds a clinical or research position)
☐ Tenure and Promotion to Associate Professor
☒ Tenure (Applicable only if the candidate holds the rank of Associate Professor or higher)

PROVOST/VICE PRESIDENT FOR ACADEMIC AFFAIRS

1. Recommendation: 
   Approve ☐   Disapprove ☐

2. Evaluative Remarks: _____

3. Signature: ________________________________
   (Provost and Vice President for Academic Affairs)

PRESIDENT

1. Action:
   Approve ☐   Disapprove ☐