

ROCHESTER INSTITUTE OF TECHNOLOGY

RECOMMENDATION FOR TENURE AND PROMOTION TO ASSOCIATE PROFESSOR
Submit to the Dean and Provost and Senior Vice President for Academic Affairs (electronically as part of the PDF packet) by February 8

I. Name _____

College/Institute _____ School/Dept. _____

II. Appointment

Date of initial tenure appointment _____ Credit towards tenure: _____ Years
(Include copy of hire letter) (Include copy of original agreement)

Current Rank (if not assistant professor): _____

Tenure Date Change ___ No ___ Yes **(Include documentation of any changes)**

III. Recommendations for Tenure and Promotion to Associate Professor

_____ # of committee members recommending tenure and promotion

_____ # of committee members not recommending tenure and promotion

Chair of the Tenure and Promotion Committee Date

Members:

(Name)	(Initials)	(Rank)	(Academic Unit)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

___ Recommend ___ Not Recommend _____
Department Chair Date

___ Recommend ___ Not Recommend _____
Dean Date

___ Recommend ___ Not Recommend _____
Provost and Senior VP for Academic Affairs Date

___ Recommend ___ Not Recommend _____
President Date