

IOWA STATE UNIVERSITY
Office of the Senior Vice President and Provost

**COVER SHEET FOR PROMOTION AND
TENURE RECOMMENDATION**

College of _____

1. Full Name: _____

2. Current Rank: _____

3. Primary Department: _____

4. Secondary Appointments (department or program): _____

5. Action being considered: _____

6. Date of First Hire: _____

7. Date of Present Tenure-Eligible Rank: _____

8. Is this a mandatory tenure review? Yes No

9. Was the candidate granted an extension of the tenure clock? No

If yes, how many years? One year Two years

10. Was the candidate granted credit towards tenure? Yes No

If yes, please indicate how many years of credit were granted? _____

11. Highest Degree Earned:

Degree:

Field:

Institution:

Date:

12. Voting record on this recommendation:

Departmental Committee (totals)	_____ Yes	_____ No	_____ Abstain	_____ Absent	_____ On Leave
Department Faculty (totals)	_____ Yes	_____ No	_____ Abstain	_____ Absent	_____ On Leave
Dept Chair Recommendation	_____ Yes	_____ No			
College P&T Committee (totals)	_____ Yes	_____ No	_____ Abstain	_____ Absent	
Dean's Cabinet (totals)	_____ Yes	_____ No	_____ Abstain	_____ Absent	
Dean's Recommendation	_____ Yes	_____ No			