

2023-2024 PROMOTION AND TENURE RECOMMENDATION

(Please type and fill in all appropriate fields)

Name WSU ID #

Current Title

Department/Unit
AND
Campus or Location

	Unit*	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

Beginning Tenure-Track at @WSU

Academic ☐ Annual ☐

Tenured Year Tenure Eligible Year Year of Third-Year Review

REQUIRED DOCUMENTATION ATTACHED

- | | |
|--|--|
| <input type="checkbox"/> Current CV | <input type="checkbox"/> Teaching Portfolio |
| <input type="checkbox"/> Past Annual, Pre-Tenure and Third-Year Review | <input type="checkbox"/> Faculty Advisory Recommendations |
| <input type="checkbox"/> Context Statements | <input type="checkbox"/> Supporting Materials |
| <input type="checkbox"/> Letters from External Reviewers | <input type="checkbox"/> Copy of Department and College Criteria |

Workload
percentage/
distribution of
duties

Describe unit
review process

**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	<div></div>	Date	<div></div>
Please type name	<div></div>		
Chancellor or Vice Chancellor Signature	<div></div>	Date	<div></div>
Please type name	<div></div>		