

2024-2025 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

- Current CV
- Teaching Portfolio
- Past Annual, Pre-Tenure and Third-Year Review
- Faculty Advisory Recommendations
- Context Statements
- Supporting Materials
- Letters from External Reviewers
- 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 Date

Please type name

Chancellor or Vice Chancellor Signature Date

Please type name