

TENURE RECOMMENDATIONS SUMMARY

Office of the Provost and Vice President Academic Affairs

NAME _____ RANK _____

DEPARTMENT _____ COLLEGE _____

HIGHEST DEGREE/DATE RECEIVED _____ MSU APPOINTMENT DATE _____
month/year month/year

PRIOR/EXCEPTIONAL SERVICE AWARDED _____

		TENURE RECOMMENDED	TENURE NOT RECOMMENDED
Department Committee, Chair	Date	_____	_____
Department Chair	Date	_____	_____
College/School/Library Committee, Chair	Date	_____	_____
Dean/Director	Date	_____	_____
Provost	Date	_____	_____

REVIEWED: _____ Please circle: APPROVED DISAPPROVED

University Tenure Committee Date President Date

Tenure granted by action of the Board of Regents of Murray State University.

Tenure Effective _____

Other Action:

