FORM A

TENURE AND PROMOTION

REQUEST FOR CONSIDERATION

Name _________________________________________________________________

Earned Degrees

Certification/Licensure, if applicable

Discipline

Department/School

College

Years in present rank (including present year)

I am requesting consideration for:

a. Promotion from ____________________________ to ____________________________

b. Tenure

I certify that the materials presented are accurate and complete.

I have reviewed the enclosed dossier and consider it accurate and complete.

________________________________________  _________________________________
Signature of faculty member    Date

________________________________________  _________________________________
Signature of Unit Head    Date

Revised 8/95
FORM B
This form should be duplicated, completed for the past five years, and submitted with most recent year presented first.

**FACULTY MEMBER RESPONSIBILITIES**

<table>
<thead>
<tr>
<th>YEAR QUARTER</th>
<th>COURSE NUMBERS</th>
<th>BRIEF COURSE TITLES</th>
<th>BEGINNING OFFICIAL 9TH CLASS DAY ENROLLMENTS</th>
<th>*ENDING ENROLLMENT</th>
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</thead>
<tbody>
<tr>
<td>Calendar Year ______ - ______</td>
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<td>Summer</td>
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<td>Spring</td>
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*Ending enrollment is defined as the number of students receiving grades of A, B, C, D, F, and P. Do not include students having W, W+, and I.*