

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

**FORM B**

This form should be duplicated, completed for the past five years, and submitted with most recent year presented first.

**FACULTY MEMBER RESPONSIBILITIES**

YEAR QUARTER	COURSE NUMBER S	BRIEF COURSE TITLES	BEGINNING OFFICIAL 9TH CLASS DAY ENROLLMENTS	*ENDING ENROLLMENT
Calendar Year _____ - _____				
Summer				
Fall				
Winter				
Spring				
*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.				