

FORM A1

**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.

Signature of faculty member

Date

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

Signature of Unit Head

Date