RECOMMENDATION FOR TENURE

Name (last, first, initial)		al) S	Sam ID	Present Rank	Department
Academic de	egrees, in	stitution granting,	, and year re	ceived:	
Experience e	elsewhere	applicable for ter	nure (dates &	& institutions):	
		ry service at SHSU ment at SHSU:	U:		
			Academic	Record at SHSU	
Rank Year		Year(s)		Assignment (teaching, research, etc.)	
Recommendation on Tenure					Date
Yes No DPTAC Chair					
Yes No Department/School Chair					
Yes No Dean/Director					
Yes No Provost/VP for Academic Affairs					

This form should be supported by a professional resume, addressing academic credentials and professional experience and accomplishments. It is appropriate to include any additional supporting materials which are deemed pertinent.