Cover Sheet Retention, Tenure and Promotion Review



PERSONAL INFORI	MATION	
LAST NAME	FIRST NAME	
DEPARTMENT		
COLLEGE		
Present Academic Rank		
Date of Tenurable Appointment (mm/dd/yyyy)	Years granted toward tenure (if any)	
Date of tenure (if applicable) (mm/dd/yyyy)	Date of last promotion(if any) (mm/dd/yyyy)	
TYPE OF APPOINT	MENT	
Instructional	Professional Practice	
Distribution of Res	ponsibilities (must = 100%)	
Teaching	Research Service Othe	r
Other (Specify)		

Primary Duties and Responsibilities	
Special Conditions of Hire (if any):	
I request that this doss	sier be reviewed to document my qualifications for (check all that apply)
Retention:	Tenure Promotion To the rank of
The area of excellence (Does not apply to Ref	e/promise of excellence/accomplishment I have selected is (Check one) tention candidates)
Teaching:	Research Service (restricted to professional practice)
(Original signatures re	quired below. Please sign after inspection of uploaded material.)
Signature:	
Administrative Support Signature	
(Above refers to the D KNOX folder)	epartment/College personnel responsible for uploading dossier materials to
Date Dossier uploaded	