Academic Affairs
Form 9

RECOMMENDATION FOR TENURE

Name (last, first, initial)	Soc. Sec. No.	Present Rank	Department

Academic degrees, institution granting, and year received:

Experience elsewhere applicable for tenure (dates and institutions):

Length of probationary service at SHSU: _____

Date of initial employment at SHSU: _____

Academic Record at SHSU

Rank	Year(s)	Assignment (teaching, research, etc.)

Recommendation on Tenure: Date

_____	Yes	_____	No	Program Coordinator	_____ _____
_____	Yes	_____	No	Department/School Chair	_____ _____
_____	Yes	_____	No	Dean/Director	_____ _____
_____	Yes	_____	No	Provost and VPAA	_____ _____

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.