RECOMMENDATION FOR TENURE

Name (last, first, init	ial)	SSN/Sam ID	Present Rank	Department	
Academic degrees,	institution granting,	and year receive	ed:		
Experience elsewhe	re applicable for te	nure (dates and	institutions):		
Length of probational	ary service at SHSL	J:			
Date of initial employ	yment at SHSU:				
		Academ	nic Record at SHSU		
Rank	Year(s)		Assignment (te	eaching, research, etc.)	
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	1				
Recommendation or	n Tenure:				Date
Yes	No DPTA	C Chair			
Yes	No Depar	tment/School Ch	air		
Yes	No Dean/	Director			
Yes	No Provos	st 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.