## RECOMMENDATION FOR TENURE

Name (last, first, initial)		Sam ID	Present Rank	Department
Academic d	legrees, institution gra	anting, and year re	ceived:	
Experience		for tenure (dates &	& institutions):	
	robationary service a ial employment at SH			
		Academic	Record at SHSU	
Rank Year		r(s)	Assignment (teaching, research, etc.)	
_				
	I			
Recommendation on Tenure				Date
Yes	No DPTAC Cha	air		
Yes No Department/School Chair				
Yes No Dean/Director				
Yes	es 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.