

MISSOURI STATE UNIVERSITY

**PERIODIC REVIEW OF REAPPOINTMENT (OR RENEWAL OF CONTRACT),
TENURE, PROMOTION GUIDELINES**

DEPARTMENT:

COLLEGE:

SEMESTER/YEAR OF CURRENT REVIEW:

SEMESTER/YEAR OF NEXT REQUIRED REVIEW:

DEPARTMENT ADOPTION SIGNATURES:

Department Personnel Committee Chair

Date

Department Head

Date

APPROVAL SIGNATURES:

Dean

Date

Provost

Date

THIS PLAN IS IN EFFECT FROM _____, THROUGH _____.