# MISSOURI STATE UNIVERSITY

**REPORT OF DEPARTMENTAL COMMITTEE**

**on**

**APPLICATION FOR TENURE AND/OR PROMOTION**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INITIALAPPOINTMENT: MONTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR \_\_\_\_\_\_\_\_\_\_\_\_\_

SPECIAL ACTIONS (i.e. actions impacting the tenure clock) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CREDIT TOWARD TENURE: None \_\_\_\_\_\_ 1 \_\_\_\_\_\_ 2 \_\_\_\_\_\_ 3 \_\_\_\_\_\_

DEPARTMENTAL COMMITTEE RECOMMENDS PROMOTION \_\_\_ \_\_ or DOES NOT RECOMMEND PROMOTION \_\_\_\_\_\_\_\_\_\_\_

DEPARTMENTAL COMMITTEE RECOMMENDS TENURE \_\_\_ or DOES NOT RECOMMEND TENURE \_\_\_\_\_\_

COMMITTEE'S COMMENTS: (Attach additional pages if necessary)

TEACHING:

RESEARCH:

SERVICE:

**SIGNATURES OF COMMITTEE MEMBERS (add lines if necessary):**

|  |  |
| --- | --- |
| CHAIR | DATE |
| MEMBER | DATE |
| MEMBER | DATE |
| MEMBER | DATE |
| MEMBER | DATE |
| MEMBER | DATE |

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**I HAVE RECEIVED A COPY OF AND HAVE READ THE ABOVE STATEMENT.**

Comments: (Attach additional pages if necessary)

**SIGNATURE OF APPLICANT DATE**