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Tenure and Promotion Review Summary Sheet
University of Missouri-St. Louis

Review Cycle: **Academic Year 20____/20____**

_____ _____
Name of Candidate Current Rank and Tenure Status

_____
Department and/or School or College

Recommendation is for:
Tenure ___ is tenure consideration mandatory? Yes ___ No ___

Promotion to the rank of Associate Professor ___ Professor ___

If recommendation is for tenure
Date and rank of initial appointment _____

Years credited toward tenure at time of appointment (if any) _____

Number of years in current rank as of September 1, 20____ _____

Summary of Recommendations and Action Taken

Unit Committee	For ___	Against ___	Abstain ___	# of Members ____
Department Chair	For ___	Against ___	Abstain ___	
College Committee	For ___	Against ___	Abstain ___	# of Members ____
Dean	For ___	Against ___		
ATP Committee	For ___	Against ___	Abstain ___	# of Members ____
Provost	For ___	Against ___		

Action of Chancellor: _____

Chancellor's Signature _____ Date _____