



Review Form for Promotion and/or Tenure

Name: _____
 College: _____
 Department: _____
 Current Rank: Asst Prof Assoc Prof Other _____
 Date Current Rank Awarded: _____

Highest Academic Degree Obtained: _____
 Years at: _____ Ohio University
 _____ Other Higher Education
 _____ Other Employment
 Month and Year Most Current Ohio University
 Employment Commenced: _____

The person named above is herewith reviewed for:

Promotion to the Rank of _____
 Tenure in _____
 department, school (may not be applicable for regional campus faculty)

Campus: Athens Chillicothe Eastern (St. Clairsville) Lancaster Southern (Ironton) Zanesville

Effective Date of Proposed Promotion and/or tenure: _____

PROMOTION

Name (please print/type)	Signature	Recommended Yes or No**	Date
Committee Chair	_____	_____	Date _____
Dept. Chair/School Director	_____	_____	Date _____
Regional Campus Dean (if app.)	_____	_____	Date _____
College Dean	_____	_____	Date _____
Executive VP and Provost	_____	_____	Date _____
Roderick McDavis President	_____	_____	Date _____

TENURE

Name (please print/type)	Signature	Recommended Yes or No**	Date
Committee Chair	_____	_____	Date _____
Department Chair/School Director	_____	_____	Date _____
Regional Campus Dean (if app.)	_____	_____	Date _____
College Dean	_____	_____	Date _____
Exec. VP and Provost	_____	_____	Date _____
Roderick McDavis President	_____	_____	Date _____

*The Faculty Handbook (II.C.2a and II.N.3) indicates that tenure for regional campus faculty is to a specific campus and academic division.

** If not recommended, give reasons on a separate sheet and attach to this form and any subsequent communications for possible future reference. When turned down, a promotion or tenure dossier should not be sent to the next level of review.