

RECOMMENDATION FOR TENURE
Effective date July 2025
University of West Georgia

Name: _____ Date: _____

As of the submission date:

1. Current Rank and Title: _____
2. Are you applying for promotion as well? Yes: ___ No: ___
3. If yes, indicate rank and prepare a separate dossier for that promotion: _____
4. Total number of years at University of West Georgia at rank of Assistant Professor or higher (includes current Academic Year): _____
5. Total Number of Years full-time employment at University of West Georgia (includes current Academic Year): _____
6. Total number of years full-time experience as a college or university educator: _____
7. Years of probationary credit toward tenure granted at the time of hire: _____
8. Academic degrees held, institutions awarding them, and dates awarded:

<u>Degree</u>	<u>Institution</u>	<u>Year</u>	<u>Major/Minor Field</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Summary of Actions:

	<u>Signature</u>	<u>Date</u>	<u>Approval or Disapproval</u>
Department Committee	_____	_____	_____
Department Chair	_____	_____	_____
College Tenure Committee	_____	_____	_____
College Dean	_____	_____	_____
Provost	_____	_____	_____
President	_____	_____	_____