



**University of Nebraska - Lincoln
Transmittal Form for Tenure and/or Promotion for
TENURED and TENURE-TRACK FACULTY**

NAME OF CANDIDATE: _____

ADMINISTRATIVE UNIT: _____

INITIAL APPOINTMENT UN-L (Date): _____

CURRENT RANK: _____

APPOINTMENT TO CURRENT RANK (Date): _____

CURRENT APPORTIONMENT OF DUTIES:

Teaching Research Service Extension Administration

CREDIT FOR PRIOR SERVICE(years): _____

EXTENSIONS GRANTED (years): _____ DATE GRANTED _____

IF TENURED (Date): _____

IF NOT TENURED, TENURE REVIEW DATE: _____

IF PROMOTION, PROMOTION TO: ASSISTANT PROFESSOR ____ ASSOCIATE PROFESSOR ____ FULL PROFESSOR ____

DEPARTMENT OR SCHOOL LEVEL

TENURE

PROMOTION

Review Group (Specify)

Recommend Not Recommend
(Vote Count)

Recommend Not Recommend
(Vote Count)

Review Group (Specify)

Recommend Not Recommend
(Vote Count)

Recommend Not Recommend
(Vote Count)

Department Chair/Director

Recommend Not Recommend

Recommend Not Recommend

COLLEGE OR DIVISION LEVEL

TENURE

PROMOTION

Review Group (Specify)

Recommend Not Recommend
(Vote Count)

Recommend Not Recommend
(Vote Count)

Review Group (Specify)

Recommend Not Recommend
(Vote Count)

Recommend Not Recommend
(Vote Count)

Dean/Director

Recommend Not Recommend

Recommend Not Recommend

UNIVERSITY LEVEL

TENURE

PROMOTION

Associate Vice Chancellor
Recommend

Recommend Not Recommend

Recommend Not

Chancellor

Recommend

Not Recommend

Recommend

Not Recommend