

**COLLEGE OF HEALTH PROFESSIONS**  
**RECOMMENDATION FOR PROMOTION & TENURE**

Please fill out this form, print it out, and sign & date it.

Date: \_\_\_\_\_

Name of Nominee: \_\_\_\_\_

Present Academic Rank: \_\_\_\_\_

Department: \_\_\_\_\_

**RECOMMENDATIONS:**

† Recommended

† Not Recommended

\_\_\_\_\_  
Department Chairman

\_\_\_\_\_  
Date

† Recommended

† Not Recommended

\_\_\_\_\_  
College Committee Chairman

\_\_\_\_\_  
Date

† Recommended

† Not Recommended

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date