

COVER SHEET FOR PROMOTION & TENURE RECOMMENDATION

College of _____

1. Full Name: _____
2. Pronouns (*optional*): _____
3. Current Rank: _____
4. Primary Department: _____ Secondary Appointment(s): _____
5. Action being considered: _____
6. Date of First Appointment at Iowa State: _____
7. Date of Current Tenure-Eligible Rank: _____
8. Do you have a formal appointment in Extension and Outreach? Yes No
9. Is this a mandatory tenure review? Yes No
10. Was the candidate granted an extension of the tenure clock? Yes No
If yes, how many years? One year Two years Three years
** Do not indicate the type of tenure-clock extension in the candidate's materials.*
11. Was the candidate granted credit towards tenure? Yes No
If yes, please indicate how many years of credit were granted? _____
12. Highest Degree Earned:
Degree: _____ Field: _____
Institution: _____ Date: _____
13. Voting record on this recommendation:

Departmental Committee (totals)	___ Yes	___ No	___ Abstain	___ Absent	___ On Leave
Department Faculty (totals)	___ Yes	___ No	___ Abstain	___ Absent	___ On Leave
Dept Chair Recommendation	___ Yes	___ No	___ Abstain	___ Absent	
College P&T Committee (totals)	___ Yes	___ No	___ Abstain	___ Absent	
Dean's Cabinet (totals)	___ Yes	___ No			
Dean's Recommendation	___ Yes	___ No			