Reset Form

OFFICE OF ACADEMIC AFFAIRS
UNIVERSITY OF CENTRAL OKLAHOMA
EDMOND, OKLAHOMA

Recommendation for Tenure

College of _____

(Note: Use additional pages as necessary, numbering 2 of __, etc.)

The following faculty are recommended for tenure effective with the fall semester of the academic year: _____

NAME	DEPARTMENT

The following faculty <u>are not</u> being recommended for tenure(include those eligible for tenure consideration who did not apply and note they did not apply):

NAME	DEPARTMENT

_____ _____ _____ _____

Dean's Signature **Date** **Academic Vice President** **Date**