

**OFFICE OF ACADEMIC AFFAIRS
UNIVERSITY OF CENTRAL OKLAHOMA
EDMOND, OKLAHOMA**

**Recommendation for Promotion,
Tenure, Continuance or Non-Renewal**

To: Provost and Vice President for Academic Affairs

Banner ID#

This recommendation applies to: _____
(Faculty member's last name) (First Name) (Middle Initial)

(Department) (Rank)

(Date first full-time at UCO) (Faculty member's signature) (Date)
(To be signed after Chair/Director and Dean Sign)

This is a recommendation for: (Submit separate forms if more than one of the following is applicable)

- _____ Promotion, to the Rank of _____
- _____ Tenure
- _____ Continuance
- _____ Contract Completion
- _____ Non-Renewal

The recommended effective date for this action is: _____

Remarks: _____

Chairperson's/Director's signature Date

Dean's Signature

Date

Academic Affairs Review:

**Date original forwarded to Hiring and Benefits
Office:** _____

Signature

Date

By: _____