**Western Michigan University**

**Tenure Review Cover Sheet**

**Candidate Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**College:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Current Rank:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tenure Review Type:**  \_\_\_\_ 2nd \_\_\_\_ 4th \_\_\_\_ Final

\_\_\_\_ Required 3rd \_\_\_\_ Required 5th

Recommendations (Please check appropriate box and sign where indicated):

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Reviewer(s)** | **Continue Probationary Appointment** | | | **End Probation** | **Final Tenure Review** | |  |  |
| Positive Recom-menda-tion | Positive Recom-mendation w/ Conditions\* | Negative Recommendation w/ Conditions\* | Negative Recom-mendation | Postive Recommen-dation (Grant Tenure) | Negative Recommen-dation (Deny Tenure) | Signature | Date |
| Department Committee |  |  |  |  |  |  |  |  |
| Chair/Director |  |  |  |  |  |  |  |  |
| Dean |  |  |  |  |  |  |  |  |
| Provost |  |  |  |  |  |  |  |  |

Attach full documention, including written statements/letters to candidate.

\*List specific conditions here:

**NOTE:** If the candidate is applying for promotion to full professor or master faculty specialist at the same time, they must also complete and attach the Promotion Review Summary Sheet Revised: 10/18/2021 dc