

UNIVERSITY OF GEORGIA
RECOMMENDATION FOR TENURE FORM
(This form cannot exceed one page)

Candidate's Full Name: []
School/College/Department: []
Total Years at UGA at rank of Assistant Professor or Higher*: [] Total Years at UGA*: []
Number Years Probationary Credit Toward Tenure Granted: []
Number Years Extension of Tenure Probationary Period Granted: []
Is a separate recommendation for promotion being forwarded this year? (select one) []
List degrees/year awarded: []
List dates if professional leave(s) of absence taken: []

UNIT TENURE REVIEW:

TENURE VOTE: #Yes [] #No []

Recommend: (circle one) Yes No

PTU Head's Signature

Date

SCHOOL/COLLEGE TENURE REVIEW:

TENURE VOTE: #Yes [] #No []

Recommend**: (circle one) Yes No

School/College Tenure Review Committee Chair's Signature

Date

DEAN'S TENURE RECOMMENDATION:

Recommend: (circle one) Yes No

Dean's Signature

Date

UNIVERSITY TENURE REVIEW:

TENURE VOTE: #Yes [] #No []

Recommend**: (circle one) Yes No

University Tenure Review Committee Chair's Signature

Date

PROVOST'S SIGNATURE:

Date

TENURE APPROVED:

(circle one) Yes No

President's Signature

Date

* Includes year under consideration for promotion and/or tenure
** A 2/3 majority of eligible voters is required to overturn the recommendation from the previous review committee.