

SOUTHERN ILLINOIS UNIVERSITY  
EDWARDSVILLE

PROMOTION AND TENURE COVER SHEET

Name \_\_\_\_\_ Banner ID No.: \_\_\_\_\_ Campus Box \_\_\_\_\_  
(Title) (First) (M.) (Last)

College or School \_\_\_\_\_ Department \_\_\_\_\_

Date of first full-time faculty appointment at SIUE \_\_\_\_\_

Present Rank \_\_\_\_\_

Tenured ☐ Yes ☐ No

Personnel Action Being Considered:

\_\_\_\_\_ Promotion, to be effective July 1, 2026.

\_\_\_\_\_ Tenure, to be effective August 16, 2026.

<p>_____ To rank of professor</p> <p>_____ To rank of associate professor</p> <p>_____ To rank of assistant professor</p> <p>Effective date _____</p> <p>Of current rank at SIUE _____</p> <p>Years in current rank as of 6/30/2025 _____</p>	<p>Date probationary period began _____</p> <p>Academic year of midpoint tenure evaluation _____</p> <p>Date probationary period ends _____</p>
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Please ✓ for each appropriate response below:

<u>Recommend Promotion</u>	<u>Do NOT Recommend Promotion</u>	<u>Recommend Tenure</u>	<u>Do NOT Recommend Tenure</u>		
_____	_____	_____	_____	_____ (Department Committee)	_____ (Date)
_____	_____	_____	_____	_____ (Department Chair)	_____ (Date)
_____	_____	_____	_____	_____ (School/College Committee)	_____ (Date)
_____	_____	_____	_____	_____ (School/College Dean)	_____ (Date)
_____	_____	_____	_____	_____ (Provost and Vice Chancellor)	_____ (Date)
_____	_____	_____	_____	_____ (Chancellor)	_____ (Date)