

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, 2027.

_____ Tenure, to be effective August 16, 2027.

_____ To rank of professor _____ To rank of associate professor _____ To rank of assistant professor Effective date _____ Of current rank at SIUE _____ Years in current rank as of 6/30/2026 _____	Date probationary period began _____ Academic year of midpoint tenure evaluation _____ Date probationary period ends _____
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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)