

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, 2024.

_____ Tenure, to be effective August 16, 2024.

<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 6/30/2023 _____</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:

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