

NOMINEE INFORMATION COVER SHEET (Please print or type)

UNIVERSITY OF FLORIDA
RECOMMENDATION FOR TENURE, PERMANENT STATUS
AND/OR PROMOTION

A. GENERAL CURRENT INFORMATION

Name SS #
Department Campus Box
Current Rank Date
Type of Nomination: Tenure (If conditional, name of other institution)
Permanent Status
Promotion to (List Proposed Rank)

B. THE NOMINEE DOES DOES NOT WAIVE HIS/HER RIGHT TO VIEW LETTERS OF EVALUATION.

NOMINEE'S SIGNATURE Date

C. I HAVE REVIEWED THIS PACKET AND BELIEVE THAT TO THE BEST OF MY KNOWLEDGE IT IS COMPLETE.

NOMINEE'S SIGNATURE Date

D. TENURE/PERMANENT STATUS VOTE

Department: For Against Abstain Absent
Center (IFAS only) For Against Abstain Absent

PROMOTION VOTE

Department: For Against Abstain Absent
Center (IFAS only) For Against Abstain Absent

E. SIGNATURES AND ENDORSEMENT STATEMENT

Department Chair/Director (if applicable) Date I do do not endorse candidate
Dean/Director Date I do do not endorse candidate
Vice President (if applicable) Date I do do not endorse candidate

STATEMENT OF UNIVERSITY OFFICIAL

I am satisfied that the nominee has met all of the criteria for tenure permanent status and/or promotion at the University and the Board of Regents and has demonstrated a high degree of competence in the appropriate professional field. I believe that granting this person tenure permanent status and/or promotion will serve the best interests of the institution and the State University System of Florida.

President (or designee)