

**Cover Sheet for Promotion / Tenure Recommendations**

Name of applicant: \_\_\_\_\_

***To the applicant:*** This form should be given to colleagues who are able to comment on your qualifications for Promotion / Tenure. **For the convenience of the person making this recommendation, you should include a stamped envelope addressed to the appropriate department chairperson:**

Missouri Western State University  
4525 Downs Drive  
St. Joseph, MO 64507

\_\_\_\_\_ I waive my right to review this recommendation.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_ I do not waive my right to review this recommendation.

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***To be completed by the person providing the recommendation:***

Promotion is for the purpose of recognizing excellence in the areas of teaching, service, and scholarship/creative activity.

Tenure, as a status in higher education, is a means to protect the independent inquiry and the openness of academic discourse of faculty as teacher-scholars. Tenure also provides stability to the professoriate as a vocation.

Please provide a written evaluation of the quality and distinction of the candidate's teaching, or scholarship/creative activity, or professional service. If this candidate's area of expertise is different from your own or you do not have enough experience working with the candidate so that you can render a current and concrete assessment, please indicate that on the form and return it so that the candidate might find others in a better position to judge his or her professional accomplishments. Thank you.

Name of recommender: \_\_\_\_\_

Signature of recommender: \_\_\_\_\_

Position of recommender: \_\_\_\_\_

Institutional affiliation: \_\_\_\_\_

Address of recommender: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**Recommender, please return this form and your separate letter of recommendation to the appropriate department chairperson by October 17.**