

**MISSOURI WESTERN STATE UNIVERSITY
PROMOTION RECOMMENDATION FORM**

Promotion Candidate: _____

Department: _____

A. Recommendation of Chairperson:

_____ Recommend Promotion

_____ Do not recommend Promotion

Signature: _____ Date: _____

B. Recommendation of School/College Dean:

_____ Recommend Promotion

_____ Do not recommend Promotion

Signature: _____ Date: _____

C. Recommendation of Promotion and Tenure Committee:

_____ Recommend Promotion

_____ Do not recommend Promotion

Signature: _____ Date: _____

(Promotion and Tenure Chairperson)

D. Recommendation of Provost/Vice President for Academic Affairs:

_____ Recommend Promotion

_____ Do not recommend Promotion

Signature: _____ Date: _____