

**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: \_\_\_\_\_