

Transmittal Form for Recommending Promotion and/or Tenure*

* Faculty members holding appointments (paid or courtesy) in more than one academic unit, must concurrently pursue the documentation and review processes in each department in which promotion is proposed. Separate Transmittal Forms are required.

Name: _____ Degree(s): _____
 Department/Division: _____ College: _____
 Initial UNMC Rank: _____ Date of Initial Rank: _____
 Current Rank: _____ Date of Last Promotion: _____
 Appointment Type: Special Health Professions Continuous
 Effective Date of Promotion and/or Tenure (if approved): _____
 Tenure Requested: Yes No
 Promotion Proposed: Yes No Proposed Rank: _____
 Are you petitioning that a Committee Member be recused from your P&T decision process? Yes No
 If yes, which Committee Member? _____

Recommendations

Department/Division	Promotion	Tenure	Signature
Department Committee	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Department Chairperson	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Individual notified in writing on:	_____		

College	Promotion	Tenure	Signature
College Committee	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Dean	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Individual notified in writing on:	_____		

Chancellor's Office	Promotion	Tenure	Signature
Chancellor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Dean of College/Institute Director notified in writing on:	_____		

Appeals

Appeals Filed: Yes No If "yes," attach all documentation