University of Nebraska Medical Center

Transmittal Form for Recommending Promotion and/or Tenure*

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	☐ Yes ☐ No	☐ Yes ☐ No	_____
Department Chairperson	☐ Yes ☐ No	☐ Yes ☐ No	_____

Individual notified in writing on: _____

College	**Promotion**	**Tenure**	**Signature**
College Committee	☐ Yes ☐ No	☐ Yes ☐ No	_____
Dean	☐ Yes ☐ No	☐ Yes ☐ No	_____

Individual notified in writing on: _____

Chancellor's Office	**Promotion**	**Tenure**	**Signature**
Chancellor	☐ Yes ☐ No	☐ Yes ☐ No	_____

Dean of College/Institute Director notified in writing on: _____

Appeals

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

* 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.