

**OKLAHOMA STATE UNIVERSITY
REAPPOINTMENT, PROMOTION/TENURE RECOMMENDATIONS FORM
SUMMARY OF RECOMMENDATIONS**

NAME OF FACULTY MEMBER: _____

**RECOMMENDED
ACTION:¹**

SIGNATURE:

DATE:

Appropriate Dept. Faculty Counsel:² _____

(Faculty Representative)³

Unit Administrator: _____

College-Level Counsel:⁴ _____

(Faculty Representative)⁵

Dean: _____

Provost and Senior Vice President: _____

¹Reappointment, promotion, tenure, nonreappointment, no promotion.

²*Policy Statement to Govern Appointments, Tenure, Promotions, and Related Matters of the Faculty of Oklahoma State University, Section 1.1.1 (footnote 4)*

³Chairman of unit faculty personnel committee or appropriately elected or appointed representative of the faculty.

⁴ *Policy Statement, Sections 1.6 and 1.7*

⁵Chairman of college personnel committee or appropriately elected or appointed representative of the faculty.