

REQUEST FOR PROMOTION AND/OR TENURE
MISSISSIPPI UNIVERSITY FOR WOMEN

This form should be submitted to the Department Chair with your portfolio.

See Policy Statements #1303 and #1304 for instructions.

NAME _____ DEPARTMENT _____

EMPLOYEE ID NO. _____

HIGHEST DEGREE _____ DATE _____

REQUEST FOR TENURE? YES _____ NO _____

REQUEST FOR PROMOTION? YES _____ NO _____

RANK:

PRESENT _____

PROPOSED _____

EFFECTIVE DATE _____

TIME IN PRESENT RANK:

MUW _____

ELSEWHERE _____

YEARS OF FULL-TIME TEACHING EXPERIENCE AT COLLEGE/UNIVERSITY

LEVEL _____

FIRST APPOINTMENT AT MUW _____

RANK AT TIME OF INITIAL MUW APPOINTMENT _____

SUBMITTED BY:

FACULTY MEMBER

DATE