

**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.