

NMU Faculty Evaluation: Promotion and/or Tenure Processing Form
 (Please attach to front of Promotion and/or Tenure Request)

Faculty Member: _____ (name) _____ (signature)

Date of Application: _____ Applying for: Promotion Tenure

Department: _____

Present Rank: _____ Date Received: _____

Highest Degree: _____ Year Awarded: _____ School: _____

Full-Time Years at NMU: _____ Years Prior Service Credit: _____ Date Hired: _____
 (excluding current academic year) (from appointment letter)

Tenure Status: _____ Date Awarded: _____

The following is to be completed by various approving bodies

COMMITTEE	DATE RECEIVED	Recommending:				DATE OF ACTION	DATE SENT TO NEXT STEP
		Promotion		Tenure			
		Yes	No	Yes	No		
Evaluation Committee							
Department Chair							
College Advisory Council							
Dean							
Faculty Review Committee							
Academic Vice President							
Final Decision							