# WESTERN CAROLINA UNIVERSITY AA-12

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| ***TRANSMITTAL FORM for***  ***RECOMMENDATION ON***  ***(1 form for each action to be taken)*** | ***REAPPOINTMENT***  *IF Application: complete 1-7a, 8,10, &12*  *IF dossier: complete 1-7a, 8, 9 (if applicable), 10, &12* | ***PROMOTION***  ***complete 1-7a,& 8-14*** | ***TENURE***  ***complete 1-7a,& 8-14*** | ***Post Tenure Review***  ***complete1-6,7b,&8*** |

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|  | ***DATE:*** ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** | ***PAGE \_\_\_ OF*** |

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| 1 | ***Full Name*** | ***Last*** | ***First*** | ***Middle*** | ***Department*** |

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| 2 | ***Proposed Rank*** |  |

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| 3 | ***Present Rank*** |  | ***Year*** |

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| 4 | ***Previous WCU Rank(s)*** |  | ***Year*** |
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| 5 | ***Academic Record (Institutions attended)*** | | | | |
| ***Degree*** | | ***Year*** | ***Institution*** | ***Years Attended*** |
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| 6a | | I acknowledge that the information and contents submitted in the Application / Dossier are accurate and valid.  Candidate / Faculty memberSignature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_\_  **\_** | | | |
| 6b | | I acknowledge that the candidate has prepared and submitted the Application / Dossier on schedule.  Department Head Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_\_  **\_** | | | |

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| 7a | ***Departmental Committee Votes(TPR):***  ***Meeting Date:*** | ***Yes*** | ***No*** | | ***Absent*** | | ***Abstain*** | ***Recommended by departmental committee:*** | ***Yes*** | ***No*** |
|  | ***List below the committee members; note presence or absence:*** | | | | | | | | | |
| *Department Committee description of review action:*  *Departmental Committee Secretary’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_* | | | | | | | | | |
| **7B** | **Departmental Committee RECOMMENDATION FOR**  **POST TENURE REVIEW:**  ***Meeting Date:*** | | | ***Do Not Record Vote Count***  ***SATISFACTORYUNSATISFACTORY*** | | | | | | |
|  | ***List below the committee members in attendance:*** | | | | | ***List below the committee members absent:*** | | | | |
|  | ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Post Tenure Review Committee Secretary Signature date*** | | | | | | | | | |
| 8 | ***Department Head Recommendation*** | ***(use this box for tenure, promotion or reappointment)***  ***yesno*** | | | | | | ***(use this box for post tenure review)***  ***SATISFACTORYUNSATISFACTORY*** | | |
|  | ***Department head description of review action::*** | | | | | | | | | |
|  | ***Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_*** | | | | | | | | | |

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| 9 | ***College Committee Votes:***  ***Meeting Date:*** | ***Yes*** | ***No*** | ***Absent*** | ***Abstain*** | ***Recommended by College committee:*** | ***Yes*** | ***No*** |
|  | ***List below the committee members; note presence or absence:*** | | | | | | | |
|  | ***College Committee Description of Review Action:***  ***College Committee Secretary’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_*** | | | | | | | |

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| 10 | ***Recommendation of Dean:*** | ***(use this box for tenure, promotion or reappointment)***  ***yesno*** |  |
|  | ***Dean’s Description of Review Action :*** | | |
|  | ***Dean’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_***  ***\_*** | | |
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| 11 | ***University Committee Votes:***  ***Meeting Date:*** | ***Yes*** | ***No*** | ***Absent*** | ***Abstain*** | ***Recommended by University committee:*** | ***Yes*** | ***No*** |
|  | ***List below the committee members; note presence or absence:*** | | | | | | | |
|  | ***Office of the Provost Administrative Assistant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_*** | | | | | | | |

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| 12a | ***Recommended by***  ***Provost:*** | ***Yes*** | ***No***  ***Complete 12-B*** |
|  | ***Provost’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_*** | | | |
| 12b | ***Recommended by***  ***Provost after administrative appeal:*** | ***Yes*** | ***No NA***  ***OR*** |
|  | ***Provost’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_*** | | | |

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| 13 | ***recommended by chancellor*** | yes  no | ***OoP Administrative Assistant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_***  ***(letter is sent from the chancellor)*** |
| 14 | ***Board of Trustees Decision*** | yes  no | ***OoP Administrative Assistant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_***  ***(letter is sent from the chancellor)*** |