# 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******[ ] SATISFACTORY[ ] UNSATISFACTORY***  |
|  | ***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)******[ ] yes[ ] no*** | ***(use this box for post tenure review)******[ ] SATISFACTORY[ ] UNSATISFACTORY***  |
|  | ***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)******[ ] yes[ ] no***  |  |
|  | ***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)*** |