

**UNIVERSITY OF DELAWARE**  
**Application for Tenure and/or Promotion**

1. Name \_\_\_\_\_  
Last First Middle

2. College \_\_\_\_\_

3. Department/School/Unit \_\_\_\_\_

4. Date of Appointment at Current Rank \_\_\_\_\_

Rank Date

Complete 4A **OR** 4B

4A. Application for Promotion to the Rank of \_\_\_\_\_

With Tenure Evaluation \_\_\_\_\_ Tenure Evaluation Not Applicable \_\_\_\_\_

4B. Application for Tenure at Current Rank \_\_\_\_\_

(Promotion Evaluation Not Applicable)

5. \_\_\_\_\_  
Signature Date

**Recommendations**

1. Recommendation by Department Committee:

Please initial: \_\_\_\_\_ Approve Promotion \_\_\_\_\_ Promotion Not Approved

\_\_\_\_\_  
Committee Chairperson (print name) Signature Date

2. Recommendation by Department Chairperson:

Please initial: \_\_\_\_\_ Approve Promotion \_\_\_\_\_ Promotion Not Approved

\_\_\_\_\_  
Department Chairperson (print name) Signature Date

3. Recommendation by College Committee:

Please initial: \_\_\_\_\_ Approve Promotion \_\_\_\_\_ Promotion Not Approved

\_\_\_\_\_  
Committee Chairperson (print name) Signature Date

4. Recommendation by College Dean:

Please initial: \_\_\_\_\_ Approve Promotion \_\_\_\_\_ Promotion Not Approved

\_\_\_\_\_  
Dean (print name) Signature Date

5. Recommendation by University Senate Committee:

Please initial: \_\_\_\_\_ Approve Promotion \_\_\_\_\_ Promotion Not Approved

\_\_\_\_\_  
Committee Chairperson (print name) Signature Date

6. Recommendation by University Provost:

Please initial: \_\_\_\_\_ Approve Promotion \_\_\_\_\_ Promotion Not Approved

\_\_\_\_\_  
Provost (print name) Signature Date