

**OKLAHOMA STATE UNIVERSITY  
REAPPOINTMENT, PROMOTION/TENURE RECOMMENDATIONS FORM  
SUMMARY OF RECOMMENDATIONS**

**NAME OF FACULTY MEMBER:** \_\_\_\_\_

**RECOMMENDED  
ACTION:<sup>1</sup>**

**SIGNATURE:**

**DATE:**

Appropriate Dept. Faculty Counsel:<sup>2</sup> \_\_\_\_\_

\_\_\_\_\_  
(Faculty Representative)<sup>3</sup>

Unit Administrator: \_\_\_\_\_

\_\_\_\_\_

College-Level Counsel:<sup>4</sup> \_\_\_\_\_

\_\_\_\_\_  
(Faculty Representative)<sup>5</sup>

Dean: \_\_\_\_\_

\_\_\_\_\_

Provost and Senior Vice President: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
<sup>1</sup>Reappointment, promotion, tenure, nonreappointment, no promotion.

<sup>2</sup>*Policy Statement to Govern Appointments, Tenure, Promotions, and Related Matters of the Faculty of Oklahoma State University, Section 1.1.1 (footnote 4)*

<sup>3</sup>Chairman of unit faculty personnel committee or appropriately elected or appointed representative of the faculty.

<sup>4</sup> *Policy Statement, Sections 1.6 and 1.7*

<sup>5</sup>Chairman of college personnel committee or appropriately elected or appointed representative of the faculty.