RECOMMENDATIONS SUMMARY ENURE Office of the Provost and Vice President for Academic Affairs RANK _____ NAME _____ DEPARTMENT _____ COLLEGE _____ MSU APPOINTMENT DATE _ PRIOR/EXCEPTIONAL SERVICE AWARDED _____ **TENURE NOT TENURE RECOMMENDED** RECOMMENDED **Department Committee, Chair Date** Date **Department Chair** College/School/Library Committee, Chair Date Dean/Director **Date** Provost Date **REVIEWED** Please Circle: APPROVED **DISAPPROVED**

Tenure granted by action of the Board of Regents of Murray State University.

President

Date

University Tenure Committee

Term Effective _____

Other Action:			

H:Forms July 2013

Date