



**OFFICE OF ACADEMIC AFFAIRS  
UNIVERSITY OF CENTRAL OKLAHOMA  
EDMOND, OKLAHOMA**

**Recommendation for Tenure**

**College of** \_\_\_\_\_

*(Note: Use additional pages as necessary, numbering 2 of \_\_, etc.)*

**The following faculty are recommended for tenure effective with the fall semester of the academic year:** \_\_\_\_\_

NAME	DEPARTMENT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**The following faculty are not being recommended for tenure at this time:**

NAME	DEPARTMENT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ Dean's Signature	_____ Date	_____ Academic Vice President	_____ Date
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