

WESTERN CAROLINA UNIVERSITY

AA-12

TRANSMITTAL FORM FOR
RECOMMENDATION ON

<input type="checkbox"/>
<input type="checkbox"/>
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REAPPOINTMENT
PROMOTION
TENURE

DATE: _____

PAGE 1 OF _____

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

5	ACADEMIC RECORD (INSTITUTIONS ATTENDED)			YEARS ATTENDED
	DEGREE	YEAR	INSTITUTION	

6	DEPARTMENTAL COMMITTEE VOTES:	Yes		No		AB-SENT		AB-STAIN		RECOMMENDED BY DEPARTMENT HEAD:	Yes		No	
	DATE:													

RECOMMENDATIONS AND COMMENTS OF DEPARTMENT HEAD:

SIGNATURE: _____ DATE: _____

7	COLLEGE COMMITTEE VOTES:	Yes		No		AB-SENT		AB-STAIN		RECOMMENDED BY DEAN:	Yes		No	
	DATE:													

RECOMMENDATIONS AND COMMENTS OF DEAN:

SIGNATURE: _____ DATE: _____

8	UNIVERSITY-WIDE COMMITTEE VOTES:	Yes		No		AB-SENT		AB-STAIN		RECOMMENDED BY VICE CHANCELLOR:	Yes		No	
	DATE:													

RECOMMENDATIONS AND COMMENTS OF VICE CHANCELLOR:

SIGNATURE: _____ DATE: _____

