Winona State University Promotion/Tenure Application and Summary Sheet
Faculty member: please complete top section.

☐ **Promotion to ___________________** ☐ **Tenure**

1. Name: ____
   (Last) (First) (Date)

2. College of: ____

   Department: ____

3. Highest Degree Earned:_________________________ Date Earned:____________________

   Discipline: _____________________________ University: _____________________________

4. Current rank: ____

<u>Faculty or Dean's Office may complete the next section</u>

5. Month/year appointed to current rank: ____

   Length of service in current rank, including this academic year: _________________________

   Length of service in previous rank: ____

6. Month/year started at WSU: ____

   Length of service at WSU, including this academic year: _____________________________

7. Current Tenure Status: Tenured ___________ Not Tenured ___________

   If applicable, effective month/year of tenure appointment: _____________________________

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For Administrative Use Only

	Promotion			Tenure		
# faculty *eligible*[1] to vote						
# faculty who reviewed file						
	Yes	No	Abstain	Yes	No	Abstain
Department recommendation (#)						

	Promotion		Tenure	
	Yes	No	Yes	No
Dean Recommendation				
VPAA Recommendation				
President Recommendation				

[1] "All faculty members, other than fixed-term faculty in the first year of such status, who have at least three-fourths (3/4) time FTE appointment in the department during the current academic year, are eligible to vote." (Article 20, Sec. A, Subd. 5 IFO Master Agreement)