

# REQUEST FOR PROMOTION AND/OR TENURE

MISSISSIPPI UNIVERSITY FOR WOMEN

**This form should be submitted to the Department Chair with your portfolio.**

*See Policy Statements #1303 and #1304 for instructions.*

NAME: DEPARTMENT :

EMPLOYEE ID NUMBER:

HIGHEST DEGREE: DATE:

REQUEST FOR TENURE? YES NO

REQUEST FOR PROMOTION? YES NO

RANK:

PRESENT:

PROPOSED:

EFFECTIVE DATE:

TIME IN PRESENT RANK:

MUW:

ELSEWHERE:

YEARS OF FULL-TIME TEACHING EXPERIENCE AT COLLEGE/UNIVERSITY LEVEL:

FIRST APPOINTMENT AT MUW:

RANK AT TIME OF INITIAL MUW APPOINTMENT:

SUBMITTED BY:

FACULTY MEMBER DATE