

COLUMBUS STATE UNIVERSITY

Application for TENURE

Name:	
Social Security Number:	
Current Rank & Title:	
List of Degrees:	
Number of Years at Columbus State University: (Include current year; exclude periods of Leave(s) of Absence)	
Approved Number of Years of Probationary Credit Toward Tenure	
Also being considered for Promotion:	<input type="checkbox"/> Yes <input type="checkbox"/> No

SUMMARY OF THE ACTION OF RECOMMENDATION

**Department Review
Committee Chairperson:**

Action

Signature

Date

Department Chairperson:

Action

Signature

Date

**College Review
Committee Chairperson:**

Action

Signature

Date

Dean:

Action

Signature

Date

**Vice President for
Academic Affairs:**

Action

Signature

Date

President:

Action

Signature

Date