

FORM F: TENURE APPLICATION TRANSMITTAL FORM – Fall Hires

Applicant's Name: _____ Department _____

This form should be submitted by the Applicant to the Department Chair, completed by all listed parties, and submitted by the DTC to the UWTC with its tenure recommendation by **February 15, 2017** to tenure-submission@iup.edu.

1. I, the Department Chairperson, have been requested to submit to the UWTC a statement evaluating this candidate, according to the current criteria for tenure.

Signature of Department Chairperson Date

2. I, a member of the DTC, have reviewed the credentials on file in the Office of Human Resources and certify that the credentials verify the academic record as reported in the application.

Signature of DTC Member who verified credentials Date

3. The DTC has prepared the attached document verifying and evaluating the application of this candidate, according to the contractual (CBA) and UWTC guidelines, and has also arrived at the following summary recommendation:

- _____ Recommend
- _____ Do Not Recommend tenure at this time, for this applicant.

Subscribed by the Committee on _____
Date

Signatures of Department Tenure Committee

_____ DTC Chair

4. I, the applicant, have read the complete recommendation and evaluation of my application for tenure, as prepared by my department's DTC, and has been advised of my right to request a hearing before the DTC.

Applicant's Signature

Date

5. I, the applicant, am aware that I may request a hearing before the UWTC.

I, _____ do

_____ do not request such a hearing.

Applicant's Signature

Date

6. This application must be submitted by **February 15, 2017** to tenure-submission@iup.edu.