

ATTACHMENT #1

2008-2009 NOMINEE INFORMATION COVER SHEET (Please print or type)
UNIVERSITY OF FLORIDA
RECOMMENDATION FOR TENURE, PERMANENT STATUS
AND/OR PROMOTION

A. GENERAL CURRENT INFORMATION

Name _____ UFID# _____

Department/Center _____ Campus Box _____

Current Rank _____ Graduate Faculty _____

Type of Nomination: _____ Tenure/NA (If conditional, name of other institution _____)
 _____ If tenured, date tenure received
 _____ Permanent Status
 _____ Promotion to (List Proposed Rank) _____

B. THE NOMINEE DOES _____ DOES NOT _____ WAIVE HIS/HER RIGHT TO VIEW LETTERS OF EVALUATION._____
Nominee's Signature_____
Date**C. I HAVE REVIEWED THIS PACKET AND BELIEVE THAT TO THE BEST OF MY KNOWLEDGE IT IS COMPLETE.**_____
Nominee's Signature_____
Date**D. TENURE/PERMANENT STATUS VOTE**

Department/Center: For _____ Against _____ Abstain _____ Absent _____
 Center (IFAS only) For _____ Against _____ Abstain _____ Absent _____

PROMOTION VOTE

Department/Center: For _____ Against _____ Abstain _____ Absent _____
 Center (IFAS only) For _____ Against _____ Abstain _____ Absent _____

E. COLLEGE TENURE & PROMOTION COMMITTEE INDIVIDUAL ASSESSMENTS:

TENURE/PERMANENT STATUS: Meets standards _____ Abstain _____
 Does not meet standards _____ Absent _____

PROMOTION: Meets standards _____ Abstain _____
 Does not meet standards _____ Absent _____

F. SIGNATURES AND ENDORSEMENT STATEMENT

 Department Chair/Director (if applicable) Date I do _____ do not _____ endorse candidate

 Dean/Director Date I do _____ do not _____ endorse candidate

STATEMENT OF UNIVERSITY OFFICIAL

I am satisfied that the nominee has met all of the criteria for tenure _____ permanent status _____ and/or promotion _____ at the University and has demonstrated a high degree of competence in the appropriate professional field. I believe that granting this person tenure _____ permanent status _____ and/or promotion _____ will serve the best interests of the institution and the State University System of Florida.

President (or designee)