

AUSTIN PEAY STATE UNIVERSITY  
**UNIVERSITY TENURE AND**  
**PROMOTION APPEALS BOARD RECOMMENDATION**

EVALUATION OF FACULTY APPEAL

College: \_\_\_\_\_

Department: \_\_\_\_\_

Name of faculty making the appeal: \_\_\_\_\_

Number of years granted toward tenure/promotion: \_\_\_\_\_

Board Vote. Please check appropriate box. Retention ; Tenure ; Promotion

This evaluation is as follows:

**Board Vote**

- \_\_\_\_\_ (For – uphold appeal)  
\_\_\_\_\_ (Against – deny appeal)  
\_\_\_\_\_ (Absent)  
\_\_\_\_\_ (Non-Voting Dept. Rep)  
\_\_\_\_\_ (Non-Voting Dean)\*

*\* The Chair of the University Tenure and Promotion Appeals Board shall be a non-voting member, a college Dean, appointed by the President. The Dean of the College of the faculty member making an appeal shall not serve as Chair of the University Tenure and Promotion Appeals Board for that appeal. In these cases, the committee members shall elect a temporary chair for that particular faculty member's appeal. [APSU Tenure P & G, p.40, issued April 27, 2018]*

**Board Summary of Appeal Recommendation** Use additional space on page 2 as needed.

**Additional Comments**

University Tenure & Promotion Appeals Board Recommendation Form 2

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Date(s) of University Tenure & Promotion Appeals Board Meeting (s): \_\_\_\_\_;  
\_\_\_\_\_  
\_\_\_\_\_

Date Final Evaluation Submitted: \_\_\_\_\_

UNIVERSITY TENURE AND PROMOTION APPEALS BOARD VALIDATION: Although these statements above reflect board discussion, our signatures do not indicate agreement or disagreement with the content of the above recommendation.

Signatures [**Place your visible signature in the same box as your printed name**]:

I certify that I have read the University Tenure and Promotion Appeals Board recommendation. My signature does not indicate agreement or disagreement with the statements made here.

\_\_\_\_\_  
Signature of Faculty Member

\_\_\_\_\_  
Date