

**University of Colorado Denver – Office of the Provost  
Reappointment, Tenure, and Promotion Signature Form (UCD-7)**

2023
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Mr.  Ms.  Dr. \_\_\_\_\_  
Name (Last, First, Middle Initial) Rank/Title

\_\_\_\_\_  Yes  No \_\_\_\_\_  Yes  No  
School / College / Library Department Tenure Track Tenured

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Highest Degree Awarded Year Awarded Institution

Years at the University of Colorado on the Tenure Track: \_\_\_\_\_

Years at the University of Colorado NOT on the Tenure Track: \_\_\_\_\_

Elsewhere (List only if approved for PRIOR SERVICE CREDIT):

Institution: \_\_\_\_\_ Years of Credit: \_\_\_\_\_ Title/Rank: \_\_\_\_\_

Institution: \_\_\_\_\_ Years of Credit: \_\_\_\_\_ Title/Rank: \_\_\_\_\_

**A. Recommendation for REAPPOINTMENT (Tenure-Track)**

(Subject to final approval by the Chancellor)

PRIMARY UNIT'S RECOMMENDATION:

Recommended \_\_\_\_\_ for \_\_\_\_\_ years (TT only) Effective date \_\_\_\_\_

Not recommended \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

DEAN'S RECOMMENDATION:

Recommended \_\_\_\_\_ for \_\_\_\_\_ years (TT only) Effective date \_\_\_\_\_

Not recommended \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

PROVOST'S RECOMMENDATION:

Recommended \_\_\_\_\_ for \_\_\_\_\_ years (TT only) Effective date \_\_\_\_\_

Not recommended \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**B. Recommendation for PROMOTION**

(Promotions subject to final approval by the Chancellor)

PRIMARY UNIT'S RECOMMENDATION:

Recommended \_\_\_\_\_ for \_\_\_\_\_ (Title/Rank) Effective date \_\_\_\_\_

Not recommended \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

DEAN'S RECOMMENDATION:

Recommended \_\_\_\_\_ for \_\_\_\_\_ (Title/Rank) Effective date \_\_\_\_\_

Not recommended \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

PROVOST'S RECOMMENDATION:

Recommended \_\_\_\_\_ for \_\_\_\_\_ (Title/Rank) Effective date \_\_\_\_\_

Not recommended \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**C. Recommendation for CONTINUOUS TENURE**

(All continuous tenure recommendations subject to final approval by the Regents)

PRIMARY UNIT'S RECOMMENDATION:

Recommended \_\_\_\_\_ Effective date \_\_\_\_\_

Not recommended \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

DEAN'S RECOMMENDATION:

Recommended \_\_\_\_\_ Effective date \_\_\_\_\_

Not recommended \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

PROVOST'S RECOMMENDATION:

Recommended \_\_\_\_\_ Effective date \_\_\_\_\_

Not recommended \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_