

# SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

## PROMOTION AND TENURE COVER SHEET

Name \_\_\_\_\_ Banner ID No.: \_\_\_\_\_ Campus Box \_\_\_\_\_  
(Title) (First) (M.) (Last)  
 College or School \_\_\_\_\_ Department \_\_\_\_\_

Date of first full-time faculty appointment at SIUE \_\_\_\_\_

Present Rank \_\_\_\_\_ Tenured  Yes  No

Personnel Action Being Considered:

\_\_\_\_\_ Promotion, to be effective July 1, 2026. \_\_\_\_\_ Tenure, to be effective August 16, 2026.

_____ To rank of professor _____ To rank of associate professor _____ To rank of assistant professor Effective date _____ Of current rank at SIUE _____ Years in current rank as of 6/30/2025 _____	Date probationary period began _____ Academic year of midpoint tenure evaluation _____ Date probationary period ends _____
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Please ✓ for each appropriate response below:

Recommend Promotion	Do NOT Recommend Promotion	Recommend Tenure	Do NOT Recommend Tenure		
				(Department Committee)	(Date)
				(Department Chair)	(Date)
				(School/College Committee)	(Date)
				(School/College Dean)	(Date)
				(Provost and Vice Chancellor)	(Date)
				(Chancellor)	(Date)