Kennesaw State University

Academic Affairs

Approval Form for Department Promotion and Tenure Guidelines

A copy of this form, completed, must be attached as a cover sheet to the department guidelines included in portfolios for 3rd Year Review, Promotion and Tenure and Post-Tenure Review.

I confirm that the attached guidelines, dated mm / dd / yyyy , were approved by the faculty of the Department of _____ in accordance with department bylaws:

_____

Name (printed or typed) / Title (DFC chair, etc.) Signature/ Date

Department Chair Approval - I approve the attached guidelines:

_____

Name (printed or typed) Signature/ Date

College Dean Approval - I approve the attached guidelines:

_____

Name (printed or typed) Signature/ Date

Provost Approval - I approve the attached guidelines:

_____

Name (printed or typed) Signature/ Date