GEORGIA STATE UNIVERSITY
COVERING SUMMARY OF PROPOSED ACTION ON
PROMOTION AND/OR TENURE

Academic Year: ___________  Action(s) Requested:  Promotion ☐  Tenure ☐  

Name: ____________________________  ADP ID: ____________________________  

Present Rank: ____________________________  Promotion Rank: ____________________________  

Department: ____________________________  College: ____________________________  

Dates of -- Initial FT Appt at GSU: ____________  Tenure Track Appt at GSU: ____________  

Years in current rank: ____________  

Prior Credit awarded--  Tenure: ____________  Promotion: ____________  

Leaves and/or Tenure Clock Stoppages:  

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<th>Dates</th>
<th>Reason</th>
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Record of Faculty Action: (Please indicate the number of votes for "Recommend" and "Not Recommended")

1. Department P&T Committee  
   For Promotion  _____ Recommend  _____ Not Recommended  
   For Tenure  _____ Recommend  _____ Not Recommended  

2. Department Chair  
   For Promotion  _____ Recommend  _____ Not Recommended  
   For Tenure  _____ Recommend  _____ Not Recommended  

3. College P&T Committee  
   For Promotion  _____ Recommend  _____ Not Recommended  
   For Tenure  _____ Recommend  _____ Not Recommended  

4. College Dean  
   For Promotion  _____ Recommend  _____ Not Recommended  
   For Tenure  _____ Recommend  _____ Not Recommended