Valdosta State University

Review for Post-Tenure

Name:

Department:

Current Rank and Title:

Total Number of Years at Valdosta State University at rank of Assistant Professor or Higher (including current year):\_\_\_\_\_\_\_

Total Number of Years at Valdosta State University (including current year):\_\_\_\_\_\_\_\_\_

List of degrees and dates they were obtained:

**Summary of Action:**

Approval

 Signature Date Disapproval

Department Committee

Department Head

College Committee

Dean