**UNIVERSITY OF FLORIDA**

**RECOMMENDATION FOR TENURE UPON HIRE APPOINTMENT**

|  |
| --- |
| **College:** |
| **Department:** |
| **Candidate’s Name:** |
| **Proposed UF Title:** |
| **Anticipated Start Date:** |
| **Tenure Date at Current Institution:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **DEPARTMENT TENURE VOTE** | | | |
| **For:** | **Against:** | **Absent:** | **Abstain:** |

**ATTACHMENTS REQUIRED: (1) Letter of support from College Dean stating reasons for the request and justification of the special circumstances that warrant tenure as a condition of employment; (2) Copy of candidate’s CV; (3) Three letters of reference (if available)**

**SIGNATURES**

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Department Chair/Director Date Dean/Director Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Senior Vice President Date

(IFAS and Health Science Center only)

**STATEMENT OF UNIVERSITY OFFICIAL**

I am satisfied that the nominee has met all of the criteria for tenure upon hire at the university and has demonstrated a high degree of competence in the appropriate professional field. I believe that granting this person tenure upon hire will serve the best interests of the institution and the State University System of Florida.

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J. Scott Angle Date

Provost and Sr. Vice President

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Ben Sasse

President, University of Florida Date

For additional questions regarding this form please call the Office of the Provost at 352-392-2404 or email Becky Holt at [bholt@ufl.edu](mailto:bholt@ufl.edu).