

**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

Department Chair/Director Date

Michael G. Perri, PhD, ABPP Date
Dean, College of Public Health and Health
Professions

David R. Nelson, MD Date
Senior Vice President for Health Affairs
President, UF Health

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.

Provost Date