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 Deans 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

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

_____
Colleen Koch, MD, MS, MBA Date
Dean, College of Medicine
Folke H. Peterson Dean's Distinguished Professor

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