



# West Chester University of Pennsylvania

## APPLICATION FOR TENURE

Please type or print all information

**I. In accordance with the provisions of Act 224, Section 3 and the Collective Bargaining Agreement Article XV, I hereby apply for tenure.**

\_\_\_\_\_  
(Name) (Department)

WAIVER: In accordance with Article XIII of the Collective Bargaining Agreement the TeP Committee has my approval to review my official personnel file. All materials submitted with this application will become part of the official personnel file. I further certify that the information I have presented is accurate and contains no omission of material fact.

\_\_\_\_\_  
(Date) Signature of Faculty Member

**II. RECOMMENDATION by Department Committee:  
(Letter of Recommendation attached)**

Date Received by Department: \_\_\_\_\_

Action: Recommended: \_\_\_\_\_ Not Recommended: \_\_\_\_\_

\_\_\_\_\_  
Date Department Committee Chairperson

**III. RECOMMENDATION by Department Chair:  
(Letter of Recommendation attached)**

Date Received by Chairperson: \_\_\_\_\_

Action: Recommended: \_\_\_\_\_ Not Recommended: \_\_\_\_\_

\_\_\_\_\_  
Date Department Chairperson

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**IV. RECOMMENDATION of TeP Committee to the President:**

\_\_\_\_\_ by \_\_\_\_\_  
Date Received by TeP Committee Signature of Committee Member

The TeP Committee: Recommends \_\_\_\_\_ Does Not Recommended \_\_\_\_\_  
that the applicant should be granted tenure.

\_\_\_\_\_ \_\_\_\_\_  
Date Signature of TeP Chairperson

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**V. ACTION by President of the University or Designee:**

\_\_\_\_\_  
Date Received by University Management

Concurrence with TeP Recommendation \_\_\_\_\_  
Rejection of TeP Recommendation \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_  
Date University Management Official

\_\_\_\_\_  
Title

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Please submit one original and three copies of the Tenure Application dossier (including this application form) and one file supporting material such as books, publications, films, etc.