



OFFICE OF THE PROVOST

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**Regional Campus Recommendation**

\_\_\_\_\_  
Nominee

\_\_\_\_\_  
Department or School/Campus

Promotion to \_\_\_\_\_  
Tenure

**Summary of Vote at Campus Level**

Vote of the Campus Advisory Committee:

Date of Vote \_\_\_\_\_

Number, Yes \_\_\_\_\_

Number, No \_\_\_\_\_

Recommendation of the Campus Dean:

Yes

No

\_\_\_\_\_  
Signature of Campus Dean

\_\_\_\_\_  
Date