

Kennesaw State University  
Academic Affairs

**Approval Form for Department Promotion and Tenure Guidelines**

A copy of this form, completed, must be attached as a cover sheet to the department guidelines included in portfolios for Pre-Tenure, Review, Promotion and Tenure and Post-Tenure Review.

I confirm that the attached guidelines, dated  mm / dd / yyyy, were approved by the faculty of the Department of \_\_\_\_\_ in accordance with department bylaws:

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Name (printed or typed) / DFC or P&T chair

Signature/ Date

Department Chair Approval - I approve the attached guidelines:

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Name (printed or typed)

Signature/ Date

College P&T Committee Approval - I approve the attached guidelines:

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Name (printed or typed)

Signature/ Date

College Dean Approval - I approve the attached guidelines:

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Name (printed or typed)

Signature/ Date

Provost Approval - I approve the attached guidelines:

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Name (printed or typed)

Signature/ Date