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 3^{rd} Year Review, Promotion and Tenure and Post-Tenure Review.

I confirm that the attached guidelines, dated Department ofbylaws:	mm / dd / yyyy , were approved by the faculty of the in accordance with department
Name (printed or typed) / Title (DFC chair, etc.)	c.) Signature/ Date
Department Chair Approval - I approve the at	
Name (printed or typed)	Signature/ Date
College Dean Approval - I approve the attach	ed guidelines:
Name (printed or typed)	Signature/ Date
Provost Approval - I approve the attached gu	idelines:
Name (printed or typed)	Signature/ Date