

# TENURE APPLICATION

## Applicant Information

Last Name

First Name

Middle Name or Initial

Academic Unit or School

Current Rank

Year Rank Attained

Year Employed at Fairmont State University

Indicate the name and academic rank of the colleague from your school whom you have requested to submit a "Peer Evaluation Form" on your behalf.

Name of Colleague

Rank

---

Applicant's Signature

Date