MIDDLE TENNESSEE STATE UNIVERSITY
FACULTY APPEAL FORM

1. NAME OF PERSON APPEALING:___________________________________

2. DATE:__________________________________________________________

3. DEPARTMENT:___________________________________________________

4. DATE OF RECEIPT OF NOTIFICATION CONCERNING TENURE AND/OR
   PROMOTION RECOMMENDATION FROM THE PROVOST:
   _______________________________

5. REASON FOR THE APPEAL

   A. Notification of a negative recommendation for tenure

       _______________________________

   B. Notification of a negative recommendation for promotion

       _______________________________

6. GROUNDS FOR THE APPEAL. SEE POLICY 206, SECTION IV.