

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.