Santa Clara University

COVER SHEET

Petition for Tenure and/or Promotion

NAME (last, first):			
DEPARTMENT:			
PRESENT ACADEMIC RANK:			
THIS PETITION IS FOR: (check all that apply)			
tenure			
promotion to rank of Associate Professor			
promotion to rank of Professor			
Signature (please print completed form and sign here)		Date	

This form to be submitted with your application for tenure and/or promotion.