

OFFICIAL
FACULTY TENURE REVIEW BALLOT
NORTHEASTERN STATE UNIVERSITY

Faculty member being reviewed: _____

Date: _____

Check appropriate square:

- I favor granting tenure to the faculty member.**
- I do not favor granting tenure to the faculty member.**
- I abstain.**

State the reason or reasons for your vote.

Signature of tenured faculty member
(optional)

This ballot will be destroyed after votes are tabulated and recorded.

12/2017