



**NORTHEASTERN**  
STATE UNIVERSITY

DEC 14 2017  
VP Academic Affairs

**Review of Departmental  
Promotion, Tenure and Post-Tenure Guidelines**

**Name of Department:**

Health and Kinesiology

**College or Unit:**

College of Education

**Semester / Year of Current Review:**

Fall 2017

**Semester / Year of Next Review:**

**Department Faculty Vote Date:**

12/13/2017

**Department Approval Signatures**


  
Department Senior Faculty Member

12/13/17  
Date

  
Department Chair

12/13/2017  
Date


**Approval Signatures**

  
College Dean

12-13-17  
Date

  
Provost / Vice President of Academic Affairs

12-13-17  
Date

  
Northeastern State University, President

12/19/17  
Date