Date:

To: Administrative Review Committee – Fall XXXX, Tarleton State University

From: XXXXX, Department Head, XXXXX

Re: Tenure/Tenure and Promotion/Promotion Recommendation for Dr. XXXX

 College of XXXX, Department of XXXXX

Dear Committee Members,

Please let this letter serve as support/nonsupport of Dr. XXXX application for XXXX. (General explanation of support/nonsupport).

**Teaching**: Dr. XXXX (statement/paragraph related to their teaching)

**Scholarship**: Dr. XXX has a program that regularly generates scholarly output. (statement/paragraph about scholarship).

**Service**: Dr. XXXX service contributions easily exceed expectations. He/She serves at the University, College and Departmental levels. (statement/paragraph about service).

**Collegiality/professionalism/fit:** (statement/paragraph about XXXX).

**Department Head’s statement:** I concur with the recommendations of Dr. XXXX’s Department Head, and the College of XXXX Tenure and Promotion Review Committee that Dr. XXX be granted XXXX.

Respectfully submitted,

 (DH’s signature)

Department Head, XXXX