Candidate Name: [insert candidate name]

Eastern Kentucky University
Reconsideration by Department Committee
2026-2027 Academic Year

The candidate may request reconsideration of the Department committee's recommendation, the Department Chair's recommendation, or both within ten (10) calendar days of notification. (See Policy 4.6.4, p. 13). Requests should be submitted in writing, should address concerns raised by the Department committee and/or the Department Chair, and may include additional information in support of the clarification.

On [insert date], the candidate requested reconsideration by the Department Committee of its negative recommendation for: [insert Promotion or Tenure]. The letter is attached.

The result of the review is that the initial recommendation for **TENURE** was [insert Reversed or Affirmed] on the following grounds:

The result of the review is that the initial recommendation for **PROMOTION** to [insert rank] was [insert Reversed or Affirmed] on the following grounds:

Department Committee

Committee Member Name (Printed/Typed)	Signature	Date

Faculty member's signature and date acknowledging receipt of the reconsideration recommendation:

Signature Date

Candidate Name: [insert candidate name]

Eastern Kentucky University
Reconsideration by Department Chair
2026-2027 Academic Year

The candidate may request reconsideration of the Department committee's recommendation, the Department Chair's recommendation, or both within ten (10) calendar days of notification. (See Policy 4.6.4, p. 13). Requests should be submitted in writing, should address concerns raised by the Department committee and/or the Department Chair, and may include additional information in support of the clarification.

On [insert date], the candidate requested reconsideration by the Department Chair of its negative recommendation for: [insert Promotion or Tenure]. The letter is attached.

The result of the review is that the initial recommendation for **TENURE** was [insert Reversed or Affirmed] on the following grounds:

The result of the review is that the initial recommendation for **PROMOTION** to [insert rank] was [insert Reversed or Affirmed] on the following grounds:

Department Chair

Department Chair's Signature Date

Faculty member's signature and date acknowledging receipt of the reconsideration recommendation:

Signature Date