

Documentation Verification Checklist

By signing the following checklist, I confirm that all required items are present, or that an explanation why required items are missing has been offered and appended to this checklist.

Responsible Party	Printed Name	Signature
Candidate		
Department Chair (after receipt from Candidate)		
Department Chair (following department review)		
College/School Tenure and Promotion Committee Chair		
University Tenure and Promotion Committee Chair		