

**UNIVERSITY OF NEBRASKA AT OMAHA
REAPPOINTMENT - PROMOTION - TENURE (RP&T)
SIGNATURE FORM**

Signature Sheet for _____

(Please PRINT your name)

Department/School Review Committee

I acknowledge that I have received the comments/recommendations of the department/school advisory committee and that I have had the opportunity to review and respond to those comments.

(Signature) _____
(Date)

Written response provided YES NO

Department Chair/School Director Review

I acknowledge that I have received the comments/recommendations of the department chair/school director and that I have had the opportunity to review and respond to those comments.

(Signature) _____
(Date)

Written response provided YES NO

College RP&T Committee Review

I acknowledge that I have received the comments/recommendations of the college advisory committee and that I have had the opportunity to review and respond to those comments.

(Signature) _____
(Date)

Written response provided YES NO

Dean's Review

I acknowledge that I have received the comments/recommendations of the Dean and that I have had the opportunity to review and respond to those comments.

(Signature) _____
(Date)

Written response provided YES NO

NOTE: *At each level, the faculty member's signature indicates examination of comments/recommendations, not agreement with the comments/recommendations.*