DEPARTMENTAL REVIEW FOR TENURE

Candidate

________________________________________

Academic Year of the Review: ____________  Mandatory Tenure Review  □ yes  □ no

Candidate’s Department

________________________________________

Candidate’s College/School/University Libraries

________________________________________

Departmental Review Committee recommendation:

_________ (# yes) _________ (# no) _______ (# abstain)

Signature of the Committee Chair

________________________________________

Evaluative statement added to primary dossier? □  Date: ___________

Departmental Review Committee

Is the Departmental Review Committee made up of:  All Dept. Faculty □ Elected subset of Dept. Faculty □ or Special Committee (with some/all members outside dept.) □

Please **Print** your name below

________________________________________

Please **Sign** your name below

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

Department Chair’s Recommendation for Tenure:

yes □  no □

Signature of the Department Chair

________________________________________

Evaluative statement added to primary dossier? □  Date: ___________

CANDIDATE: I have seen all additional materials that have been requested and that will be added to my file and forwarded to the College committee for consideration. Signing this form does not constitute agreement.

Signature of Candidate  ________________________________  Date: ___________
COLLEGE/SCHOOL/UNIVERSITY LIBRARIES TENURE

Candidate ____________________________________________

Academic Year of the Review ______________
Candidate’s Department ____________________________________________
Candidate’s College/School/University Libraries ____________________________________________

College/School/University Libraries Review Committee recommendation:
_________ (# yes) ____________ (# no) ____________ (# abstain)

Signature of the Committee Chair ____________________________________________

Evaluative statement added to primary dossier? □ Date: ________________

College/School/University Libraries Review Committee
Please Print your name below Please Sign your name below
________________________________ ____________________________________________
________________________________ ____________________________________________
________________________________ ____________________________________________
________________________________ ____________________________________________
________________________________ ____________________________________________
________________________________ ____________________________________________
________________________________ ____________________________________________
________________________________ ____________________________________________
________________________________ ____________________________________________
________________________________ ____________________________________________

Dean of the Candidate’s College/School/University Libraries Recommendation: yes □ no □

Signature of the Dean ____________________________________________

Evaluative statement added to primary dossier? □ Date: ________________

CANDIDATE: I have seen all additional materials that have been requested and that will be added to my file and forwarded to the University committee for consideration. Signing this form does not constitute agreement.

Signature of Candidate ____________________________________________ Date: ________________
UNIVERSITY REVIEW FOR TENURE

Candidate

Academic Year of the Review

Candidate’s Department

Candidate’s College/School/University Libraries

University Review Committee recommendation:

_________ (# yes) _________ (# no) ________ (# abstain)

Signature of the Committee Chair:

Evaluative statement added to primary dossier? □

Date: ____________

University Review Committee

Please Print your name below

Please Sign your name below

Provost and Senior Vice President

Signature of the PSVP:

Evaluative statement added to primary dossier? □

Date: ____________

CANDIDATE: I have seen all additional materials that have been requested and that will be added to my file and forwarded to the President for consideration. Signing this form does not constitute agreement.

Signature of Candidate

Date: ____________

President’s Approval

Promotion: yes □ no □

Signature of the President:

Date: ____________