PROFESSOR INCENTIVE REVIEW PROGRAM COVER SHEET AY __________

CANDIDATE’S NAME:  
CANDIDATE’S DEPT.:  
CANDIDATE’S COLLEGE/SCHOOL/UNIVERSITY LIBRARIES:  
NUMBER OF YEARS AT WSU AS FULL PROFESSOR:  
DATE OF LAST INCENTIVE REVIEW:  

Departmental Review Committee Recommends:  
Incentive ________ (#yes) ___________ (#no) _______________ (#abstain*)  

Signature of Committee Chair __________________________________   Date _________  
Evaluative statement added to primary dossier _____ yes  

DEPARTMENT REVIEW COMMITTEE  

Is the Department Review Committee made up of all Dept. Faculty _____ (yes/no), or Special Committee (some/all outside dept) _____ (yes/no)  

Please Print Your Name Below  
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Please Sign Your Name Below  
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Department Chair RECOMMENDS: incentive review _______________ (yes/no)  

Signature of Department Chair _____________________________     Date _____________  
Evaluative statement added to primary dossier ____ yes  

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

Signature of Candidate _____________________________       Date ______________
PROFESSOR INCENTIVE REVIEW PROGRAM COVER SHEET AY ____________

CANDIDATE’S NAME: ______________________________________________________________________________________
CANDIDATE’S DEPARTMENT: ____________________________________________________________________________________
CANDIDATE’S COLLEGE: _______________________________________________________________________________________
NUMBER OF YEARS AT WSU AS FULL PROFESSOR: ______________________________________________________________________
DATE OF LAST INCENTIVE REVIEW: _______________________________________________________________________________

College Review Committee Recommends:
Incentive _________ (#yes) ___________ (#no) _______________ (#abstain*)

Signature of Committee Chair _______________________________ Date __________
Evaluative statement added to primary dossier _____ yes

COLLEGE REVIEW COMMITTEE

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Dean of the Candidate’s College: incentive review _____________ (yes/no)

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 ________________
PROFESSOR INCENTIVE REVIEW PROGRAM COVER SHEET AY___________

CANDIDATE’S NAME:  
CANDIDATE’S DEPARTMENT:  
CANDIDATE’S COLLEGE:  
NUMBER OF YEARS AT WSU AS FULL PROFESSOR:  
DATE OF LAST INCENTIVE REVIEW:

University Review Committee Recommends:  
Incentive _________ (#yes) _________ (#no) _________ (#abstain*)

Signature of Committee Chair __________________________________ Date _________
Evaluative statement added to primary dossier _____ yes

COLLEGE REVIEW COMMITTEE

Please Print Your Name Below

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Please Sign Your Name Below

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Dean of the Candidate’s College: incentive review _____________ (yes/no)

Signature of Dean _____________________________________ Date _______________
Evaluative statement added to primary dossier _____ yes

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 ______________