

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

Please **Sign** Your Name Below

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

Please **Print** Your Name Below

Please **Sign** Your Name Below

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

Please **Sign** Your Name Below

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 _____