



POST-TENURE REVIEW COVER SHEET

NAME: _____ Z NUMBER: _____

DEPARTMENT/SCHOOL: _____

COLLEGE: _____ TITLE/RANK: _____

TENURE DATE: _____ DATE OF LAST PROMOTION OR SPE: _____

FACULTY SIGNATURE: _____ DATE: _____

UNIT HEAD:

- _____ CHECK EVALUATION FILE (COLLEGE)
- _____ INSERT ANY NOTICE OF DISCIPLINARY ACTION (FINAL NOTICE OF DISCIPLINE, OFFICIAL INVESTIGATIVE FINDINGS) (IF APPLICABLE)
- _____ INSERT EVALUATIONS
- _____ INSERT OTHER NECESSARY OFFICIAL RECORDS OF ACCOMPLISHMENT OR PROFESSIONAL CONDUCT
- _____ ATTACH NARRATIVE
- _____ FACULTY GIVEN OPPORTUNITY TO CLARIFY EVIDENCE OF PERFORMANCE SUBMITTED BY CHAIR/DIRECTOR
- _____ ATTACH ADVISORY COMMITTEE REPORT

PROPOSED PERFORMANCE RATING:

DEPARTMENT CHAIR/SCHOOL DIRECTOR SIGNATURE: _____ DATE: _____

DEAN:

_____ ATTACH NARRATIVE

PROPOSED PERFORMANCE RATING:

DEAN SIGNATURE: _____ DATE: _____

PROVOST:

_____ ATTACH NARRATIVE

PERFORMANCE RATING: _____

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