



POST-TENURE REVIEW COVER SHEET FOR COLLEGES WITH DEPARTMENTS OR SCHOOLS SPRING 2024

Name: _____ EMPLID: _____

Title: _____ Department/School: _____

College: _____

Tenure Date: _____ Date of Last Promotion: _____

Faculty Signature _____ Date: _____

Department Chair/School Director: Insert Other Official Records of accomplishment

_____ Insert Final Notice of Faculty Disciplinary Action _____ Not Applicable

_____ Attach Performance Assessment Letter (includes assessment; may include input limited to teaching, research, and service performance from committee, and faculty performance standards/expectations across the discipline)

_____ Faculty given opportunity to respond to performance assessment letter and material added by chair/director

Department Chair/School Director Signature _____ Date _____

Dean:

_____ Attach Narrative (includes assessment; may include input limited to teaching, research, and service performance from committee, and faculty performance standards/expectations across the discipline)

_____ Proposed Performance Rating: _____

_____ Faculty Given Opportunity to Respond to Performance Rating Recommendation Letter by the Dean

Dean Signature _____ Date _____

Provost:

_____ Final Performance Rating: _____

This rating was made in consultation with the President and may include input from committee re teaching, research, and service performance.

Provost Signature _____ Date _____