



FLORIDA STATE UNIVERSITY
OFFICE OF FACULTY DEVELOPMENT AND ADVANCEMENT

POST-TENURE REVIEW COVER SHEET FOR COLLEGES WITHOUT DEPARTMENTS OR SCHOOLS SPRING 2024

Name: _____ EMPLID: _____

Title: _____

College: _____

Tenure Date: _____ Date of Last Promotion: _____

Faculty Signature _____ Date: _____

Dean: Insert Other Official Records of accomplishment

_____ Insert Final Notice of Faculty Disciplinary Action _____ Not Applicable

_____ Attach Performance Rating Recommendation Letter (includes performance 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 Rating Recommendation Letter by the Dean

_____ Proposed Performance Rating: _____

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 _____