**DEPARTMENTAL REVIEW FOR TENURE**

**Candidate**

Academic Year of the Review: Mandatory Tenure Review **□** yes **□** no

Candidate’s Department

Candidate’s College/School/University Libraries

Departmental Review Committee recommendation:

\_\_\_\_\_\_\_\_ (# yes) \_\_\_\_\_\_\_\_ (# no) \_\_\_\_\_\_\_ (# abstain)

*Signature of the Committee Chair*

*Evaluative statement added to primary dossier?* 🞏 Date: \_\_\_\_\_\_\_\_\_\_\_

**Departmental Review Committee**

Is the Departmental Review Committee made up of: All Dept. Faculty 🞏 Elected subset of Dept. Faculty 🞏 *or* Special Committee (with some/all members outside dept.) 🞏

Please **Print** your name below Please ***Sign*** your name below

Department Chair’s Recommendation for Tenure: yes 🞏 no 🞏

*Signature of the Department Chair*

*Evaluative statement added to primary dossier?* 🞏 Date: \_\_\_\_\_\_\_\_\_\_\_

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

*Signature of Candidate* Date:

**COLLEGE/SCHOOL/UNIVERSITY LIBRARIES TENURE**

**Candidate**

Academic Year of the Review

Candidate’s Department

Candidate’s College/School/University Libraries

College/School/University Libraries Review Committee recommendation:

\_\_\_\_\_\_\_\_ (# yes) \_\_\_\_\_\_\_\_ (# no) \_\_\_\_\_\_\_ (# abstain)

*Signature of the Committee Chair*

*Evaluative statement added to primary dossier?* 🞏 Date: \_\_\_\_\_\_\_\_\_\_\_

**College/School/University Libraries Review Committee**

Please **Print** your name below Please ***Sign*** your name below

Dean of the Candidate’s College/School/University Libraries Recommendation: yes 🞏 no 🞏

*Signature of the Dean*

*Evaluative statement added to primary dossier?* 🞏 Date: \_\_\_\_\_\_\_\_\_\_\_

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:

**UNIVERSITY REVIEW FOR TENURE**

**Candidate**

Academic Year of the Review

Candidate’s Department

Candidate’s College/School/University Libraries

University Review Committee recommendation:

\_\_\_\_\_\_\_\_ (# yes) \_\_\_\_\_\_\_\_ (# no) \_\_\_\_\_\_\_ (# abstain)

*Signature of the Committee Chair:*

*Evaluative statement added to primary dossier?* 🞏 Date: \_\_\_\_\_\_\_\_\_\_\_

**University Review Committee**

Please **Print** your name below Please ***Sign*** your name below

Provost and Senior Vice President yes 🞏 no 🞏

*Signature of the PSVP:*

*Evaluative statement added to primary dossier?* 🞏 Date: \_\_\_\_\_\_\_\_\_\_\_

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

*Signature of Candidate* Date:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President’s Approval Promotion: yes **□** no **□**

*Signature of the President:* Date: