

**REAPPOINTMENT APPRAISAL AND RECOMMENDATION FORM
FOR CLINICAL TRACK OR TENURE TRACK FACULTY**

Faculty Member's Information (completed by the applicant)

Name: _____ Current rank: _____

College: _____ Department: _____

Year & Semester initially appointed to tenure or clinical track: _____

Leaves of Absence (list semester(s), if applicable): _____

For tenure-track faculty: Year eligible for tenure: _____ Year(s) of tenure credit (if applicable): _____

Years in current faculty rank at USI, as of the end of this academic year: _____

Each review committee or administrator prepares a memo summarizing the appraisal of the applicant's progress in the evaluation areas listed in the [University Handbook](#) and appropriate College/unit guidelines, including specific achievements, strengths, and weaknesses in the applicable evaluation areas. This form, the accompanying appraisal memo, and supporting materials (as applicable) shall be inserted in Section I.1 of the faculty member's portfolio.

Evaluation by the College Dean or Library Director

Recommendation: Reappointment Conditional Reappointment Non-Reappointment

Name and Signature of College Dean or Library Director:

_____ Date _____

Faculty Acknowledgement:

I have reviewed the above appraisal and recommendation.

Faculty Member's Signature: _____ Date _____

Evaluation by the Provost

Reappointment Conditional Reappointment Non-Reappointment

_____ Date _____

Dr. Shelly Blunt, Interim Provost