

**APPRAISAL AND RECOMMENDATION FORM – DEPARTMENT/PROGRAM REVIEW COMMITTEE
FOR FACULTY PROMOTION AND/OR TENURE**

Faculty Member’s Information (completed by the applicant)

Name: _____ Current rank: _____

College/unit: _____ Department: _____

Current Faculty Track: Tenure Track Tenured Clinical Track

Personnel Action Review Requested (mark all that apply): Promotion Tenure

Promotion to: Assistant Professor Associate Professor Professor N/A
 Clinical Assistant Professor Clinical Associate Professor Clinical Professor

| Committee Member’s Name | Title | Signature |
|-------------------------|-------|-----------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |

General Review of the Evaluation Areas:

The committee shall indicate its appraisal of the applicant’s attainment of the criteria in the applicable evaluation areas described in the [University Faculty Handbook](#) and appropriate College/unit criteria.

| | Exceeds expectations | Meets expectations | Does not meet expectations |
|---|--|--|--|
| 1. Teaching (may not apply for Library faculty) Professional Performance (for Library faculty) | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| 2. Scholarship & Professional Activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Practice (for Clinical Track faculty) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Promotion Recommendation of Review Committee: Grant Promotion Deny Promotion

Tenure Recommendation of Review Committee (as applicable): Grant Tenure Deny Tenure N/A

Date of Review Committee’s Recommendation(s): _____

Appraisal and Recommendation Memo: The review committee prepares a memo summarizing the review of the applicant’s attainment of the criteria listed in the [University Faculty Handbook](#) and appropriate College/unit guidelines, including specific achievements, strengths, and weaknesses in the applicable evaluation areas of teaching, professional performance (for Library faculty), scholarship and professional activity, practice (for Clinical Track faculty), and service. Also note any committee member recusals or other circumstances. This form, the accompanying appraisal memo, and supporting materials (if applicable) shall be inserted into Section I.1 of the faculty member’s portfolio.

**APPRAISAL AND RECOMMENDATION FORM – COLLEGE/UNIT REVIEW COMMITTEE
FOR FACULTY PROMOTION AND/OR TENURE**

Applicant Information *(completed by the applicant)*

Name: _____ Current rank: _____

College/unit: _____ Department: _____

Current Faculty Track: Tenure Track Tenured Clinical Track

Personnel Action Review Requested (mark all that apply): Promotion Tenure

Promotion to: Assistant Professor Associate Professor Professor N/A
 Clinical Assistant Professor Clinical Associate Professor Clinical Professor

| Committee Member's Name | Title | Signature |
|-------------------------|-------|-----------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |

General Review of the Evaluation Areas:

The committee shall indicate its appraisal of the applicant's attainment of the criteria in the applicable evaluation areas described in the [University Faculty Handbook](#) and appropriate College/unit criteria.

| | Exceeds expectations | Meets expectations | Does not meet expectations |
|---|--|--|--|
| 1. Teaching (may not apply for Library faculty) Professional Performance (for Library faculty) | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| 2. Scholarship & Professional Activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Practice (for Clinical Track faculty) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Promotion Recommendation of Review Committee: Grant Promotion Deny Promotion

Tenure Recommendation of Review Committee (as applicable): Grant Tenure Deny Tenure N/A

Date of Review Committee's Recommendation(s): _____

Appraisal and Recommendation Memo: The review committee prepares a memo summarizing the review of the applicant's attainment of the criteria listed in the [University Faculty Handbook](#) and appropriate College/unit guidelines, including specific achievements, strengths, and weaknesses in the applicable evaluation areas of teaching, professional performance (for Library faculty), scholarship and professional activity, practice (for Clinical Track faculty), and service. Also note any committee member recusals or other circumstances. This form, the accompanying appraisal memo, and supporting materials (if applicable) shall be inserted into Section I.1 of the faculty member's portfolio.

**APPRAISAL AND RECOMMENDATION FORM – DEPARTMENT/PROGRAM CHAIR
FOR FACULTY PROMOTION AND/OR TENURE**

Applicant Information (completed by the applicant)

Name: _____ Current rank: _____

College: _____ Department: _____

Faculty Track: Tenure Track Tenured Clinical Track

Personnel Action Requested (mark all that apply): Promotion Tenure

Promotion to: Assistant Professor Associate Professor Professor N/A
 Clinical Assistant Professor Clinical Associate Professor Clinical Professor

Role of Administrator: Department/Program Chair Other Administrator _____

General Review of the Evaluation Areas:

The Chair or Administrator indicates his/her appraisal of the applicant's attainment of the criteria in the applicable evaluation areas described in the [University Faculty Handbook](#) and appropriate College/unit criteria.

| | Exceeds expectations | Meets expectations | Does not meet expectations |
|---|--|--|--|
| 1. Teaching (may not apply for Library faculty) Professional Performance (for Library faculty) | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| 2. Scholarship & Professional Activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Practice (for Clinical Track faculty) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Recommendation(s) of the Chair:

Grant Promotion Deny Promotion
 Grant Tenure Deny Tenure N/A

Name, Title, and Signature of Administrator:

_____ Date _____

Appraisal and Recommendation Memo:

The Department/Program Chair writes an appraisal and recommendation memo summarizing his/her review and recommendation. This appraisal and recommendation are based on the applicant's attainment of the criteria listed in the [University Faculty Handbook](#) and appropriate College/unit guidelines, including his/her specific achievements, strengths, and weaknesses in the applicable evaluation areas of teaching, professional performance (for Library faculty), scholarship and professional activity, practice (for Clinical Track faculty), and service.

This form, the accompanying appraisal memo, and supporting materials (if applicable) shall be inserted into Section I.1 of the faculty member's portfolio.

**APPRAISAL AND RECOMMENDATION FORM – COLLEGE DEAN OR LIBRARY DIRECTOR
FOR FACULTY PROMOTION AND/OR TENURE**

Applicant Information (completed by the applicant)

Name: _____ Current rank: _____

College: _____ Department: _____

Faculty Track: Tenure Track Tenured Clinical Track

Personnel Action Requested (mark all that apply): Promotion Tenure

Promotion to: Assistant Professor Associate Professor Professor N/A

Clinical Assistant Professor Clinical Associate Professor Clinical Professor

General Review of the Evaluation Areas:

The Dean/Director indicates below his/her appraisal of the applicant's attainment of the criteria in the applicable evaluation areas described in the [University Faculty Handbook](#) and appropriate College/unit criteria.

| | Exceeds expectations | Meets expectations | Does not meet expectations |
|---|--|--|--|
| 1. Teaching (may not apply for Library faculty) Professional Performance (for Library faculty) | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| 2. Scholarship & Professional Activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Practice (for Clinical Track faculty) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Recommendation(s) of Dean or Library Director:

- Grant Promotion Deny Promotion
 Grant Tenure Deny Tenure N/A

Name and Signature of College Dean/Library Director: _____

Date _____

Appraisal and Recommendation Memo:

The Dean/Director of Library writes an appraisal and recommendation memo summarizing his/her review. This appraisal and recommendation are based on the applicant's attainment of the criteria listed in the [University Faculty Handbook](#) and appropriate College/unit guidelines, including specific achievements, strengths, and weaknesses in the applicable evaluation areas teaching, professional performance (for Library faculty), scholarship and professional activity, practice (for Clinical Track faculty), and service.

For tenure considerations, the College Dean/Library Director provides additional appraisal with respect to:

1. Evidence that the applicant has completed all contractual obligations made to the University during the probationary period.
2. An appraisal of the faculty applicant's potential for continued productivity within the framework of the college/unit and University.
3. A projection of the applicant's long-term relationship with the University with respect to future enrollment trends and the numbers of presently tenured faculty members in the discipline.

Faculty Acknowledgement: I have reviewed the above appraisal and recommendation and am aware of the current policy for University Promotions Committee review.

Applicant's signature: _____ Date _____

**APPRAISAL AND RECOMMENDATION FORM – UNIVERSITY PROMOTIONS COMMITTEE
FOR FACULTY PROMOTION**

Applicant Information *(completed by the applicant)*

Name: _____ Current rank: _____

College/unit: _____ Department: _____

Current Faculty Track: Tenure Track Tenured Clinical Track

Personnel Action Review Requested (mark all that apply): Promotion Tenure

Promotion to: Assistant Professor Associate Professor Professor N/A
 Clinical Assistant Professor Clinical Associate Professor Clinical Professor

| Committee Member's Name | Title | Signature |
|-------------------------|-------|-----------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |

General Review of the Evaluation Areas:

The committee shall indicate its appraisal of the applicant's attainment of the criteria in the applicable evaluation areas described in the [University Faculty Handbook](#) and appropriate College/unit criteria.

| | Exceeds expectations | Meets expectations | Does not meet expectations |
|---|--|--|--|
| 1. Teaching (may not apply for Library faculty) Professional Performance (for Library faculty) | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| 2. Scholarship & Professional Activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Practice (for Clinical Track faculty) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Promotion Recommendation of Review Committee:

Grant Promotion Deny Promotion

Date of University Promotions Committee's Recommendation(s): _____

This form shall be inserted into Section I.1 of the faculty member's portfolio.

**APPRAISAL AND RECOMMENDATION FORM – PROVOST
FOR FACULTY PROMOTION AND/OR TENURE**

Applicant Information *(completed by the applicant)*

Name: _____ Current rank: _____

College: _____ Department: _____

Faculty Track: Tenure Track Tenured Clinical Track

Personnel Action Requested (mark all that apply): Promotion Tenure

Promotion to: Assistant Professor Associate Professor Professor N/A

Clinical Assistant Professor Clinical Associate Professor Clinical Professor

Recommendation(s) of the Provost:

Grant Promotion Deny Promotion

Grant Tenure Deny Tenure N/A

_____ Date _____
Dr. Shelly Blunt, Interim Provost