AAPPS 04.02.10

**TRACKING FORM**

**Post-Tenure Review**

**I. Faculty Member**

 Name:

Department:

College:

**II. ACTION – Evaluation of Tenured Faculty Membe**r

 1. Recommendation of the Departmental Personnel Committee

Faculty Member has Performed to Departmental Standards:

Yes: [ ]  No: [ ]  Abstain: [ ]

(Enter Voting Results)

List of Voting Faculty:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Personnel Committee Recorder Date

 2. Recommendation of the Department Chair or School Director

Faculty Member has Performed to Departmental Standards:

Yes: [ ]  No: [ ]

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Department Chair/School Director Date

3. Recommendation of the College Dean

Faculty Member has Performed to Departmental Standards:

Yes: [ ]  No: [ ]

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 College Dean Date