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