

FACULTY POST-TENURE REVIEW

Name _____ Department/Unit _____

Rank _____ Date of Promotion to Current Rank _____

Date Tenured _____ Date of Last Post-Tenure Review _____

Comments on performance since last Promotion or Post-Tenure Review:

Overall Performance since last Promotion or Post-Tenure Review:

Meets or Exceeds Expectations
(Developmental Plan Optional)

Does Not Meet Expectations
(Developmental Plan Required)

Date of face-to-face meeting _____

Reviewer _____ Date _____

Faculty Member _____ Date _____

Department Chair _____ Date _____

Dean _____ Date _____

This form should be filed in the office of the Provost and Vice Chancellor when completed.