

ANNUAL EVALUATION OF FACULTY OR RECOMMENDATIONS ON REAPPOINTMENT, PROMOTION, AND/OR TENURE

I.
Division/
Department of: _____

College/
School of: _____

Name: _____
Last Name First Middle

Present Rank/Date Received: _____

Date eligible for / awarded Tenure: _____

Initial Rank/Date of UM appointment: _____

Please record the numerical Divisional/Departmental vote on items applicable to this candidate in the sections below.

Number of faculty eligible to vote on this case:

(Please ensure that all vote totals in Sections II equal this number).

NOTE: For Section II (a) below, if a candidate is on the tenure track with a continuing appointment, and is not subject to reappointment, the vote should be on the question of whether the candidate is making adequate progress toward tenure; in all other cases the vote should be on the question of reappointment.

- II.
- | | | | | |
|---|------------|-----------|----------------|--------------------|
| a) Reappointment/Adequate Progress toward Tenure: | _____ yes; | _____ no; | _____ abstain; | _____ not present. |
| b) Promotion: | _____ yes; | _____ no; | _____ abstain; | _____ not present. |
| c) Award of Tenure: | _____ yes; | _____ no; | _____ abstain; | _____ not present. |

III. Division/Department Chairperson Recommendation: _____
Explanation: _____

_____ X
signature date

IV. Academic Dean Recommendation: _____
Explanation: _____

_____ X
signature date

V. Provost Recommendation: _____
Explanation: _____

_____ X
signature date

VI. President Recommendation: _____
Explanation: _____

_____ X
signature date

VII. Board of Trustees:

a) Recommendation of Academic Affairs Committee:	_____	date
b) Action taken by Executive Committee:	_____	date

NOTE: Do not detach forms; completed copies will be distributed as indicated below and on each sheet.

DISTRIBUTION: 1. Provost (White) 2. Academic Dean (Yellow) 3. Department Chairperson (Pink)