

**College of Letters and Science Post-Tenure Review Form**

Name \_\_\_\_\_ Department/Unit \_\_\_\_\_

Rank \_\_\_\_\_ Date of Promotion to Current Rank \_\_\_\_\_

Date Tenured \_\_\_\_\_ Date of Last Post-Tenured Review \_\_\_\_\_

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**Initial Level of Review:** Attach a short rationale for decision in all three categories. If a department does not have an approved PTR policy or cannot conduct the review, the Promotion Committee serves as the initial level of review.

Evaluations	Meets Expectations	Does Not Meet Expectations
Teaching	<input type="checkbox"/>	<input type="checkbox"/>
Scholarly Activities	<input type="checkbox"/>	<input type="checkbox"/>
Service	<input type="checkbox"/>	<input type="checkbox"/>

**Signatures:**

_____ Departmental or Committee Representative	_____ Date
_____ Candidate (has reviewed statement)	_____ Date

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**Second Level of Review:** Check the appropriate box. If this is “disagree with initial level of review,” attach a short statement naming the evaluation area(s) disagreed with and why, focusing on the candidate’s performance. If the Promotion Committee served as the initial level of review, this will be the dean.

Agree with Initial Level of Review

Disagree with Initial Level of Review

**Signatures:**

_____ Committee Chairperson (or Dean)	_____ Date
_____ Candidate (has reviewed statement)	_____ Date

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**Summary Judgment:** To be filled out by the COLS Dean's Office. When a department and the COLS Committee do not agree, the dean will make a final determination and attach a short rationale

Candidate meets expectations in all three areas

Candidate does not meet expectation in \_\_\_\_\_

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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.