

AUSTIN PEAY STATE UNIVERSITY

DEPARTMENT COMMITTEE RETENTION AND TENURE
MINORITY REPORT

Name: _____ College: _____

Department: _____ Date: _____

Date of original probationary appointment: _____ Years granted toward tenure: _____

Number of years of probationary service at APSU including present year: _____

Minority Evaluation: Please submit information and evaluation in each of the categories listed. Attach appropriate supporting documents as part of the e-dossier.

Education

1. Highest degree held: _____ From: _____

Date Granted: _____

2. If appropriate terminal degree is not held, indicate status of degree work in progress.

Anticipated completion date: _____ Degree: _____

Institution: _____

A. Effectiveness in Academic Assignment If additional space is needed, use the "Additional Comments" space on page 4.

B. Scholarly and Creative Accomplishments If additional space is needed, use the "Additional Comments" space on page 4.

C. Professional Contributions and Activities If additional space is needed, use the "Additional Comments" space on page 4.

Minority Recommendation: Please check one of the following:

____ 1. Recommend probationary status be continued.

____ 4. Recommend retention and the awarding of tenure beginning _____.

____ 2. Recommend retention for one more year at the end of which time employment be terminated.
(use only for 3rd year and beyond)

____ 5. Other (Recommendations with qualifications, such as completion of degree). Please explain in attachment.

(Date of termination)

____ 3. Recommend faculty member not be retained for next year.
(use only for 1st and 2nd year)

(Date of termination)

DEPARTMENT COMMITTEE VALIDATION: We certify that we have read the minority report. Although these statements reflect committee discussion, our signatures do not indicate agreement or disagreement with the above evaluation and recommendation.

Signatures [**Please print your name clearly below your signature.**]:

I certify that I have read the department retention and tenure minority report form. My signature does not indicate agreement or disagreement with the statements made here.

Signature of Faculty Member: _____

Date: _____

Additional Comments

Dept. Retention/Tenure Committee Voting Record

For:

Against:

Absent:

Non-Voting Department Member(s):

Minority Report?
Check one box. No Yes

Committee Chair's Name (Print):

Committee Chair's Signature: