

AUSTIN PEAY STATE UNIVERSITY
COLLEGE COMMITTEE
RETENTION AND TENURE RECOMMENDATION

EVALUATION OF FACULTY CANDIDATE

College: _____

Department: _____

Name of faculty candidate: _____

Years granted toward tenure: _____

Committee Vote. Please check appropriate box. Retention Tenure

This evaluation, written on behalf of the committee, for the files of the committee and for forwarding, by a member of the committee voting with the majority, is as follows:

Committee Vote

- _____ (For)
- _____ (Against)
- _____ (Absent)
- _____ (Non-Voting Dept. Rep)

A. Effectiveness in Academic Assignment If additional spaces is needed, use the "Additional Comments" space on page 3.

B. Scholarly and Creative Accomplishments If additional spaces is needed, use the "Additional Comments" space on page 3.

C. Professional Contributions and Activities If additional spaces is needed, use the "Additional Comments" space on page 3.

Additional Comments

Date of Committee Meeting: _____

Date Evaluation Submitted: _____

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

Signatures **[Place your visible signature in the same box as your printed name]:**

I certify that I have read the college committee's retention and tenure recommendation report. My signature does not indicate agreement or disagreement with the statements made here.

Signature of Faculty Member