# CONFIDENTIAL

## COLLEGE OF ARTS AND SCIENCES

### Recommendation for Tenure Review

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| --- |
| Action:  **Tenure** |
| **Name of Candidate** name |
| **Department** name |
|  |
| 1. **Teaching: The Candidate’s teaching performance is**   **Excellent  Effective  Needs Improvement** |
| Click or tap here to enter text. |
| 1. **Scholarship: The Candidate’s scholarly work is**   **Excellent  Effective  Needs Improvement** |
| Click or tap here to enter text. |
| 1. **Service:**   **Meets expectations**  **Does not meet expectations** |
| Click or tap here to enter text. |
| **D. Other Considerations Relevant to Your Decision** |
| Click or tap here to enter text. |
| **Recommendation:**  I recommend that the candidate be granted tenure in the rank of Associate Professor.  I do not recommend that the candidate be granted tenure in the rank of Associate Professor.  I abstain. |
|  |
| Evaluator Name Enter name here Date Use dropdown to select date |
| Evaluator Signature |
| *(Please save as a PDF, sign digitally, and then forward to the appropriate recipient)* |