

AUSTIN PEAY STATE UNIVERSITY
RETENTION AND TENURE RECOMMENDATION

Name: _____ College: _____ Department: _____ Date: _____

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

Department Evaluation: Please submit information and evaluation in each of the categories listed. Submit appropriate supporting document as part of dossier.

A. 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: _____

B. Effectiveness in Academic Assignment: (Use attachments as needed)

C. Scholarly and Creative Accomplishments: (Use attachments as needed.)

D. Professional Contributions and Activity: (Use attachments as needed.)

Department Recommendation: Please check one of the following:

- ____ 1. Recommend probationary status be continued.
- ____ 2. Recommend retention for one more year at the end of which time employment be terminated. _____
(Date of termination)
- ____ 3. Recommend faculty member not be retained for next year. _____
(Date of termination)
- ____ 4. Recommend retention and the awarding of tenure beginning _____.
- ____ 5. Other (Recommendations with qualifications, such as completion of degree. Please explain in attachment.)

DEPARTMENT COMMITTEE VALIDATION: I have read the Department Retention and Tenure Committee majority report and agree it is factually accurate. Signing does not indicate support for the report's position, only that it is accurate and reflects documented information supported by evidence in the committee meeting. My signature also makes the same claims of accuracy and documented information for any minority report.

Signatures of Department Committee members:

I certify that I have read the evaluation and recommendation form. My signature does not indicate agreement or disagreement with the statements made here.

Signature of Faculty Member: _____ Date: _____

<p>Department Retention/Tenure Committee Voting Record</p> <p>For: _____ Abstain: _____</p> <p>Against: _____ Absent: _____</p> <p>Non-Voting Department Rep(s): _____</p> <p>Minority Report? No _____ Yes _____ (Attach to form)</p> <p>Committee Chair Signature: _____</p>	<p>Department Chair's Recommendation</p> <p>For: _____</p> <p>Against: _____</p> <p>Special Condition: _____ Explanation: _____</p> <p>Signature _____</p>	<p>College Retention/Tenure Committee Voting Record</p> <p>For: _____ Abstain: _____</p> <p>Against: _____ Absent: _____</p> <p>Non-Voting Department Rep(s): _____</p> <p>Minority Report? No _____ Yes _____ (Attach to form)</p> <p>Committee Chair Signature: _____</p>
--	--	---

<p>Dean's Recommendation</p> <p>For: _____</p> <p>Against: _____</p> <p>Special Condition: _____ Explanation: _____</p> <p>Signature _____</p>	<p>VPAA'S Recommendation</p> <p>For: _____</p> <p>Against: _____</p> <p>Special Condition: _____ Explanation: _____</p> <p>Signature _____</p>	<p>Presidential Action</p> <p>For: _____</p> <p>Against: _____</p> <p>Special Condition: _____ Explanation: _____</p> <p>Signature _____</p>
--	--	--