

AUSTIN PEAY STATE UNIVERSITY

DEPT. RETENTION AND TENURE RECOMMENDATION

Name: _____ College: _____

Department: _____ Date: _____

Date of original probationary appointment: _____ Years Granted Toward Tenure: _____

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 documents as part of the e-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 (Area 1) (Use attachments as needed.)

C. Scholarly and Creative Accomplishments (Area 2) (Use attachments as needed.)

D. Professional Contributions and Activity (Area 3) (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.~~
Department 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 evaluation and recommendation.
 Signatures of Department Committee members [Print your name clearly below your signature.]:

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

Signature of Faculty Member: _____

Date: _____

Dept. Retention/Tenure Comm. Voting Record	Department Chair's Recommendation	College Retention/Tenure Comm. Voting Record
For: _____ Abstain: _____ Against: _____ Absent: _____ Non-Voting Dept. Member(s): _____ Minority Report? No _____ Yes _____ (Attach to form) Committee Chair Signature: _____	For: _____ Against: _____ Special Condition: _____ (attach explanation): Signature : _____	For: _____ Abstain: _____ Against: _____ Absent: _____ Non-Voting Dept. Rep(s): _____ Minority Report? No _____ Yes _____ (Attach to form) Committee Chair Signature: _____

Dean's Recommendation	Provost's Recommendation	President's Action
For: _____ Against: _____ Special Condition: _____ (attach explanation) Signature: _____	For: _____ Against: _____ Special Condition: _____ (attach explanation) Signature: _____	For: _____ Against: _____ Special Condition: _____ (attach explanation) Signature: _____

Updated: April 2010
Handbook Committee