

AUSTIN PEAY STATE UNIVERSITY

DEPT. PROMOTION RECOMMENDATION
MINORITY REPORT

Name: _____ College: _____ Dept: _____

Date: _____ Highest Degree: _____

Present Rank: _____ Date of Initial APSU Appointment: _____
Inst. Asst. Assoc. Prof.

Institution Awarding
Highest Degree: _____ Year: _____

Years in Rank at APSU: _____
Inst. Asst. Assoc. Prof.

Other Advanced Education : _____

Years in Rank elsewhere: _____
Inst. Asst. Assoc. Prof.

Minority Evaluation: Please submit information in each of the categories listed. Attach appropriate supporting documents.

A. Effectiveness in Academic Assignment (Area 1) (Use attachments as needed.)

B. Scholarly and Creative Achievements (Area 2) (Use attachments as needed.)

C. Professional Contributions and Activity (Area 3) (Use attachments as needed)

~~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 department committee on promotion minority report. Although these statements reflect committee discussion, our signatures do not indicate agreement or disagreement with the above evaluation.

Signatures of Department Promotion Committee members [Print your name clearly below your signature.]:

I certify that I have read the ~~evaluation and~~ department committee on promotion minority report form. My signature does not indicate agreement or disagreement with the statements made here.

Signature of Faculty Member: _____

Date: _____

Dept. Promotion Committee Voting Record	Dept. Chair's Recommendation	College Promotion Comm. Voting Record
For: _____ Abstain: _____	Recommended _____	For: _____ Abstain: _____
Against: _____ Absent: _____	Not Recommended _____	Against: _____ Absent: _____
Non-Voting Dept. Member(s) _____	Signature	Non-Voting Dept. Rep(s) _____
Minority Report? No _____ Yes _____	_____	Minority Report? No _____ Yes _____
(Attach to form)	Signature	(Attach to form)
Committee Chair Signature:	Signature	Committee Chair Signature:
_____	_____	_____

Dean's Recommendation	Provost's Recommendation	President's Action
Recommended _____	Recommended _____	Approved _____
Not Recommended _____	Not Recommended _____	Not Approved _____
Signature	Signature	Signature
_____	_____	_____