ANNUAL EVALUATION OF FACULTY OR RECOMMENDATIONS ON REAPPOINTMENT, PROMOTION, AND/OR TENURE

I. Division/Department of: ____________________________
   College/School of: __________________________________

   Name: ____________________________________________
   Last Name: ________________________ First: ________ Middle: 

   Present Rank/Date Received: __________________________

   Date eligible for / awarded Tenure: ____________________
   Initial Rank/Date of UM appointment: __________________

Please record the numerical Divisional/Departmental vote on items applicable to this candidate in the sections below.

   Number of faculty eligible to vote on this case: _________

   (Please ensure that all vote totals in Sections II equal this number).

NOTE: For Section II (a) below, if a candidate is on the tenure track with a continuing appointment, and is not subject to reappointment, the vote should be on the question of whether the candidate is making adequate progress toward tenure; in all other cases the vote should be on the question of reappointment.

II. a) Reappointment/Adequate Progress toward Tenure: _____ yes; _____ no; _____ abstain; _____ not present.

   b) Promotion: _____ yes; _____ no; _____ abstain; _____ not present.

   c) Award of Tenure: _____ yes; _____ no; _____ abstain; _____ not present.

III. Division/Department Chairperson Recommendation:
    Explanation:
    __________________________________________________
    __________________________________________________
    __________________________________________________
    X signature date

IV. Academic Dean Recommendation:
    Explanation:
    __________________________________________________
    __________________________________________________
    __________________________________________________
    X signature date

V. Provost Recommendation:
    Explanation:
    __________________________________________________
    __________________________________________________
    __________________________________________________
    X signature date

VI. President Recommendation:
    Explanation:
    __________________________________________________
    __________________________________________________
    __________________________________________________
    X signature date

VII. Board of Trustees:
   a) Recommendation of Academic Affairs Committee: 

   b) Action taken by Executive Committee:

NOTE: Do not detach forms; completed copies will be distributed as indicated below and on each sheet.

DISTRIBUTION: 1. Provost (White) 2. Academic Dean (Yellow) 3. Department Chairperson (Pink)

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