

2014-15 Review of Cumulative Tenure Progress

Name WSUID#

Academic Annual 10 Month

Degree Degree Year

Title

Program Budget % Service

Department

Date of Appointment to WSU Year of Tenure Consideration

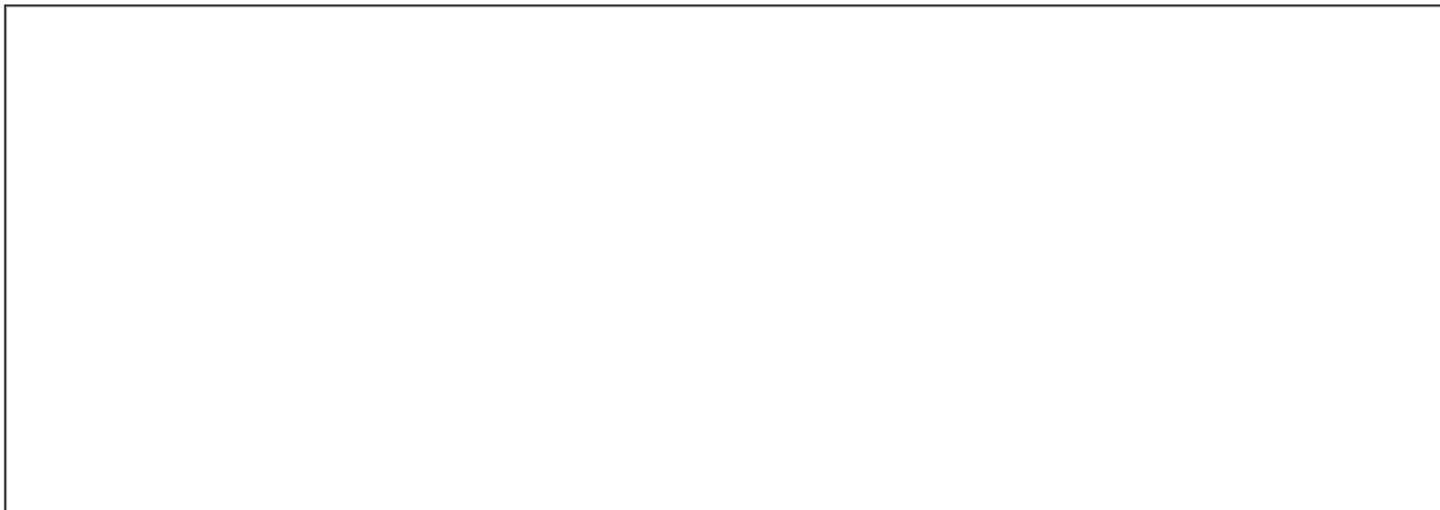
Please insert a yearly rating on teaching, a yearly rating on research/scholarship/creative activities and a yearly rating on service/outreach to the table below. The following notations should be used:

- PS = Progress towards tenure is satisfactory at this time
- IR = Some improvement is needed if tenure is to be granted
- Sub IR = Substantial improvement is needed if tenure is to be granted
- U = Unsatisfactory

YEAR	TEACHING	RESEARCH/SCHOLARSHIP/ CREATIVE ACTIVITIES	SERVICE/OUTREACH
1			
2			
3rd Year Review Rating			
4			
5			

WORK COMPLETED BEFORE JOINING WSU ONLY IF CREDIT HAS BEEN GIVEN FOR THIS WORK IN THE LETTER OF HIRE

EVALUATION WEIGHTS ASSIGNED TO THE DUTIES OF TEACHING, RESEARCH/SCHOLARSHIP/CREATIVE ACTIVITIES AND SERVICE/OUTREACH

A large, empty rectangular box with a thin black border, intended for the user to enter evaluation weights for the various duties listed in the header.

PROGRESS ON TEACHING AT WSU

A large, empty rectangular box with a thin black border, intended for the user to describe their progress on teaching at WSU.

PROGRESS ON RESEARCH/SCHOLARSHIP/CREATIVE ACTIVITIES AT WSU

A large, empty rectangular box with a thin black border, intended for the user to describe their progress on research, scholarship, or creative activities at WSU.

PROGRESS ON SERVICE/OUTREACH AT WSU



OTHER COMMENTS



SUMMARY



As department chair, my signature indicates that this statement reflects my understanding of the collective views of the tenured faculty of the department about the progress-towards-tenure of this candidate, that these tenured faculty members had the opportunity to review this statement before it was shared with the candidate, and that I have met with the candidate to discuss this review.

DEPARTMENT CHAIR SIGNATURE DATE

DEPARTMENT CHAIR'S NAME (TYPED)

As the reviewed candidate, my signature indicates that I have received a copy of this review and have met with the department chair to discuss the review. I understand that I may have a response permanently attached to this review.

EMPLOYEE SIGNATURE DATE

DEAN'S SIGNATURE DATE

*The dean's signature indicates only that the dean has reviewed the form. It does not necessarily indicate agreement with the conclusions.

CHANCELLOR'S SIGNATURE DATE