

RECOMMENDATION FOR PERFORMANCE EVALUATION OF TENURED FACULTY

Name (last, first, initial) Soc. Sec. No. Present Rank Department/School

Academic degrees, institution granting, and year received:

Date of initial employment at SHSU: _____ Date of Tenure at SHSU: _____

Date(s) of Performance Evaluation of Tenured Faculty (PETF): _____

Date(s) of Plan for Assisted Faculty Development (PAFD): _____

Academic Record at SHSU for Periodic Comprehensive Performance Evaluation

Rank	Year(s)	Assignment (teaching, research, etc.)

Refer to Academic Policy Statement 980204, "Performance Evaluation of Tenured Faculty," Section 4, in denoting your judgement regarding the following items:

Recommendation on Post Tenure Review:

			Date
_____	Yes	Exceeds accepted minimum standards	_____
_____	No	Plan for Assisted Faculty Development (PAFD)	_____
		Senior Ranking Tenured Faculty Member	
_____	Yes	Exceeds accepted minimum standards	_____
_____	No	Plan for Assisted Faculty Development (PAFD)	_____
		Department/School Chair	
_____	Yes	Exceeds accepted minimum standards	_____
_____	No	Plan for Assisted Faculty Development (PAFD)	_____
_____	No	Dismissal proceedings or disciplinary action	_____
		Dean/Director	
_____	Yes	Exceeds accepted minimum standards	_____
_____	No	Plan for Assisted Faculty Development (PAFD)	_____
_____	No	Dismissal proceedings or disciplinary action	_____
		Provost/Vice President for Academic Affairs	

This form should be supported by a professional resume, addressing academic credentials and professional experience and accomplishments. It is appropriate to include any additional supporting materials which are deemed pertinent.