

RECOMMENDATION FOR PERFORMANCE EVALUATION OF TENURED FACULTY

Name (last, first, initial) SSN/Sam ID 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)	_____	_____
		DPTAC Chair	
_____ 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.