Academic Affairs
Form 8

_____
Name (last, first, initial)

Refer to Academic Policy Statement 800722, "Promotions in Rank and Advances in Salary Within Rank," Section 5.04 f, in denoting your judgement regarding the following items:

_____ Fails to meet basic requirements:

_____ Unsatisfactory
_____ Marginal

_____ Satisfies basic requirements:

_____ Acceptable
_____ Good

_____ Exceeds basic requirements:

_____ Outstanding
_____ Superior

Recommendation on Merit Salary Adjustment:

_____ Yes, with salary increment adjustment of $_____ .
_____ No

_____ _____
Department/School Chair Date

Recommendation on Merit Salary Adjustment:

_____ Yes, with salary increment adjustment of $ _____ .
_____ No

_____ _____
Academic Dean/Director Date

Recommendation on Merit Salary Adjustment:

_____ Yes, with salary increment adjustment of $ _____ .
_____ No

_____ _____
Provost/VPAA Date

This form is to be submitted for each person for whom a merit salary adjustment is being forwarded for review and is to be supported by a current dossier.

RECOMMENDATION FOR MERIT SALARY ADJUSTMENT

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

Academic degrees, institution granting, and year received:

Tenure Status: Tenured _____ (year) _____ Probationary _____

Years in Present Rank: _____

Date of initial employment at SHSU: _____

Academic Record at SHSU

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