

RECOMMENDATION FOR PERFORMANCE EVALUATION OF TENURED FACULTY

Name (last, first, initial) SamID 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 judgment 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/VP 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.