COLLEGE OF ARTS & SCIENCES
POST-TENURE REVIEW REPORT FORM

I. INFORMATION ON THE FACULTY MEMBER UNDER REVIEW

Name ________________________________ Date __________________

Department __________________________ Review Period _____________

Rank: ________________________________

Note: “Because Post-Tenure Review is a cumulative summary of the performance reported in his or her annual reviews, the faculty member shall not be required to provide additional documentation of his or her accomplishments, other than an up-to-date Curriculum Vitae.” (UNCG Annual and Post-Tenure Review Policy, Sect. IV.D)

TO BE COMPLETED BY THE DEPARTMENT HEAD

A. Head’s Summary Evaluation (please circle one response below)

Head’s Overall Rating

Satisfactory  Unsatisfactory

B. Head’s Written Evaluation (insert here or attach a separate statement).

TO BE COMPLETED BY FACULTY MEMBERS CHARGED WITH POST-TENURE REVIEW

A. Summary Peer Evaluation (please circle one response below)

Peers’ Overall Rating

Satisfactory  Unsatisfactory

B. Peers’ Written Evaluation (insert text here or attach a separate statement)

TO BE COMPLETED BY DEAN (only if required to resolve a conflict)

A. Dean’s Summary Evaluation (please circle one response below)

Dean’s Overall Rating

Satisfactory  Unsatisfactory
B. Dean’s Written Evaluation

*NAMES and SIGNATURES OF EVALUATORS*

Department Head

Faculty Members Charged with Peer Review

Dean (if applicable)

Is reappointment to the Graduate Faculty recommended (circle one)?

YES      NO