COLLEGE OF ARTS & SCIENCES
POST-TENURE REVIEW REPORT FORM
See the text of the Annual and Post-Tenure Review Policy for Faculty for information on the use of this form.

I. INFORMATION ON THE FACULTY MEMBER UNDER REVIEW
Name ___________________________ Date ________________
Department ___________________ Review Period ________________

II. TO BE COMPLETED BY THE DEPARTMENT HEAD
A. Head’s Summary Evaluation (please circle one response below)

   Head’s Overall Rating

      Excellent          Good        Unsatisfactory

B. Head’s Written Evaluation

III. TO BE COMPLETED BY FACULTY MEMBERS CHARGED WITH POST-TENURE REVIEW
A. Summary Peer Evaluation (please circle one response below)

   Peers’ Overall Rating

      Excellent          Good        Unsatisfactory

B. Peers’ Written Evaluation
IV.  TO BE COMPLETED BY DEAN

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

**Dean’s Overall Rating**

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Unsatisfactory</th>
</tr>
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B. Dean’s Written Evaluation

V. NAMES and SIGNATURES OF EVALUATORS

Department Head _________________________________________________

Faculty Members Charged with Peer Review

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Dean __________________________________________________________

VI. FACULTY MEMBER’S RESPONSE TO THE REVIEW (optional)

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

YES    NO