POST TENURE REVIEW ACTIVATION FORM

Department Chair/Unit Head

Based on the following reason, I am activing Post-Tenure Review for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

☐ Refusal to participate in the annual review process as described in Policy 4.6.17, Annual Review of Tenured Faculty

☐ A “below standards” rating in teaching in the Year Three Review and in the review in the subsequent year as evaluated in Policy

 4.6.17, Annual Review of Tenured Faculty, page 2

☐ A “below standards” and “insufficient progress” rating occurring in the same area of deficiency in two consecutive review cycles

 (see Policy 4.6.17)

☐ In lieu of immediate dismissal for cause

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 Department Chair Date

Attach written notification to faculty member of intent to activate the post-tenure review process, the faculty member’s response (if any), and any supporting materials.

The University Post-Tenure Review Committee recommends **☐ Activate Post-Tenure Review**

 **☐ Do Not Activate Post-Tenure Review**

Signatures of committee members denote verification of the majority vote:

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| Committee Member’s Name (Printed/Typed) |  | Signature |
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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ A justification of recommendation is attached (required if recommendation does not concur)

The Dean’s recommendation is: **☐ Activate Post-Tenure Review ☐ Do Not Activate Post-Tenure Review**

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 Dean Date

☐ A justification of recommendation is attached (required if recommendation does not concur)

The Provost’s recommendation is **☐ Activate Post-Tenure Review ☐ Do Not Activate Post-Tenure Review**

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 Provost Date

 Policy 4.6.7 Form Created August 2018