



FACULTY TENURE REVIEW

Name of Faculty Member		College	Department	
Current Rank	Highest Degree	Prior Service Credit	Date of Hire	Current Probationary Year

INSTRUCTIONS

1. Attach the inventory of supporting materials to this form. Supporting materials are described in the UT-AAUP Collective Bargaining Agreement.
2. Forward this form, with the inventory and all supporting materials, to the next evaluatory body or officer.
3. **At the completion of each stage, send a letter to the candidate stating your recommendation and explaining the reasons for it. Attach a copy of the letter to the materials to be forwarded.**
4. When the evaluation process is complete, this form will be attached to the inventory of supporting materials and filed in the official personnel file in the Office of the Provost and Executive Vice President for Academic Affairs.

RECOMMENDATION OF DEPARTMENT PERSONNEL COMMITTEE

We do do not recommend approval.

Names of Committee Members: _____

Committee Vote: _____ Yes _____ No _____ Abstain

Signature of Committee Chairperson _____ Date _____

RECOMMENDATION OF DEPARTMENT CHAIRPERSON

I do do not recommend approval.

Signature of Department Chairperson _____ Date _____

RECOMMENDATION OF COLLEGE PERSONNEL COMMITTEE

We do do not recommend approval.

Names of Committee Members: _____

Committee Vote: _____ Yes _____ No _____ Abstain

Signature of Committee Chairperson _____ Date _____

RECOMMENDATION OF COLLEGE DEAN

I do do not recommend approval.

Signature of College Dean _____ Date _____

RECOMMENDATION OF UNIVERSITY COMMITTEE ON ACADEMIC PERSONNEL

We do do not recommend approval.

Names of Committee Members: _____

Committee Vote: _____ Yes _____ No _____ Abstain

Signature of Committee Chairperson _____ Date _____

**RECOMMENDATION OF PROVOST AND EXECUTIVE VICE PRESIDENT FOR ACADEMIC AFFAIRS
OR CHANCELLOR AND EXECUTIVE VICE PRESIDENT FOR HEALTH AFFAIRS**

I do do not recommend approval.

Signature of Provost _____ Date _____

DECISION OF THE PRESIDENT

I shall shall not forward this action to the Board of Trustees for approval.

Signature of President _____ Date _____
