



ACADEMIC AFFAIRS
 Office of the Provost
 777 Glades Road AD 10-309
 Boca Raton, Florida 33431
 tel: 561.297.3062
 fax: 561.297.3942
 www.fau.edu

POST-TENURE REVIEW COVER SHEET

NAME: _____ Z NUMBER: _____

DEPARTMENT/SCHOOL: _____

COLLEGE: _____ TITLE/RANK: _____

TENURE DATE: _____ DATE OF LAST PROMOTION OR SPE: _____

FACULTY SIGNATURE: _____ DATE: _____

UNIT HEAD:

- _____ CHECK EVALUATION FILE (COLLEGE)
- _____ INSERT ANY NOTICE OF DISCIPLINARY ACTION (FINAL NOTICE OF DISCIPLINE, OFFICIAL INVESTIGATIVE FINDINGS) (IF APPLICABLE)
- _____ INSERT EVALUATIONS
- _____ INSERT OTHER NECESSARY OFFICIAL RECORDS OF ACCOMPLISHMENT OR PROFESSIONAL CONDUCT
- _____ ATTACH NARRATIVE
- _____ FACULTY GIVEN OPPORTUNITY TO CLARIFY EVIDENCE OF PERFORMANCE SUBMITTED BY CHAIR/DIRECTOR
- _____ ATTACH ADVISORY COMMITTEE REPORT

PROPOSED PERFORMANCE RATING:

DEPARTMENT CHAIR/SCHOOL DIRECTOR SIGNATURE: _____ DATE: _____

DEAN:

_____ ATTACH NARRATIVE

PROPOSED PERFORMANCE RATING:

DEAN SIGNATURE: _____ DATE: _____

PROVOST:

_____ ATTACH NARRATIVE

PERFORMANCE RATING: _____

THIS RATING WAS MADE IN CONSULTATION WITH THE PRESIDENT AND MAY INCLUDE INPUT FROM AN ADVISORY COMMITTEE RE TEACHING, RESEARCH, AND SERVICE PERFORMANCE.

PROVOST SIGNATURE: _____ DATE: _____