**College of Arts & Sciences**

**Post-Tenure Review Annual Report for FY**

*Submit this form in RASR by* ***June 30th*** *each year to report the outcome of post-tenure reviews for faculty in your department.*

[ ]  Check here if your department did not conduct any post-tenure reviews this year.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Department Name: |       |  | Contact Person: |       |

**List faculty scheduled for post-tenure review in your department – including faculty with full-joint appointments.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **PID** | **Date of Review** | **Rank** | **Outcome** | **Next Scheduled Review Date\*** |
|       |       |       | Choose an item. | Choose an item. |       |
|       |       |       | Choose an item. | Choose an item. |       |
|       |       |       | Choose an item. | Choose an item. |       |
|       |       |       | Choose an item. | Choose an item. |       |
|       |       |       | Choose an item. | Choose an item. |       |
|       |       |       | Choose an item. | Choose an item. |       |
|       |       |       | Choose an item. | Choose an item. |       |
|       |       |       | Choose an item. | Choose an item. |       |
|       |       |       | Choose an item. | Choose an item. |       |

*\* For Associate Professors, this date should coincide with review for promotion.*

**From list above, Faculty (who were found Deficient) with newly established Development Plan (Include faculty continuing under a Development Plan established in a prior academic year.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **PID** | **AY Dev. Plan Established** | **Rank** | **Status** |
|       |       |       | Choose an item. |       |
|       |       |       | Choose an item. |       |
|       |       |       | Choose an item. |       |

**List any faculty scheduled for review in this FY who received Provost approval for delay.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **PID** | **Next Scheduled Review Date** | **Rank** | **Reason for Delay** |
|       |       |       | Choose an item. |       |
|       |       |       | Choose an item. |       |
|       |       |       | Choose an item. |       |