



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: _____