



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
FOR UNITS WITHOUT DEPARTMENTS

NAME: \_\_\_\_\_ Z NUMBER: \_\_\_\_\_

DEPARTMENT/SCHOOL: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ TITLE/RANK: \_\_\_\_\_

TENURE DATE: \_\_\_\_\_ DATE OF LAST PROMOTION OR SPE: \_\_\_\_\_

FACULTY SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DEAN:

- 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
FACULTY GIVEN OPPORTUNITY TO CLARIFY EVIDENCE OF PERFORMANCE SUBMITTED BY DEAN
ATTACH NARRATIVE

PROPOSED PERFORMANCE RATING:

DEPARTMENT CHAIR/SCHOOL DIRECTOR 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: \_\_\_\_\_