THE UNIVERSITY OF TOLEDO

FACULTY RECORD PRE-TENURE EVALUATION

Name of Faculty Member			College		Department	
Current Rank Probationary Year		Highest Degree	Prior Service Credit	Date of Hire	Current	
			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 Vice President for Academic Affairs.					
		RECOMMENDATION OF THE	DEPARTMENT PERSO	NNEL COMMITTEE		
We	☐ do ☐ do not recommend approval.					
Name	s of Committee	Members				
	nittee Vote: _					
Signa	ture of Commit	tee Chairperson		Date		
RECOMMENDATION OF DEPARTMENT CHAIRPERSON						
I	□ do	☐ do not recommend approval.				
Signature of Department Chairperson				Date		

(OVER)

RECOMMENDATION OF COLLEGE PERSONNEL COMMITTEE We □ do ☐ do not recommend approval. Names of Committee Members _____ Committee Vote: ____ Yes ____ No Signature of Committee Chairperson _______Date _____ RECOMMENDATION OF COLLEGE DEAN I ob \square ☐ 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 Signature of Committee Chairperson _______Date _____ RECOMMENDATION OF PROVOST AND VICE PRESIDENT FOR ACADEMIC AFFAIRS I □ do ☐ do not recommend approval. Signature of Provost _____ Date _____ **DECISION OF THE PRESIDENT** □ shall ☐ shall not forward this action to the Board of Trustees for approval. Signature of President _____ Date

Rev. 1/29/02

FACULTY PROMOTION REVIEW

		PROMOTION TO:					
					☐ Assistant Professor		
					☐ Associate Professor		
					☐ Professor		
Name of Faculty Member		ember	College		Department		
	Current Rank		ighest Degree	 Date of Hire	Current Probationary Year		
	Current Italik	"	ignest Degree	Date of Time	Current Toballonary Teal		
			INS	TRUCTIONS			
1.	Attach the inventory of supporting materials to this form. Supporting materials are described in the UT-AAUP <u>Collective Bargaining Agreement</u> .						
2.	Forward thi	s form, with the inventor	ry and all supportin	ng materials, to the ne	xt 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.						
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		RECOMMENDAT	ON OF THE DE	PARTMENT PERSO	ONNEL COMMITTEE		
We	□ do	☐ do not recommen	nd approval.				
Name	es of Committe	e Members					
Com	nittee Vote:	Yes No)				
Signa	gnature of Committee ChairpersonDate						
		RECOMM	IENDATION OF I	DEPARTMENT CH	AIRPERSON		
I	☐ do	☐ do not recommen	nd approval.				
Signa	iture of Denarti	ment Chairperson			Date		

(over)

THE UNIVERSITY OF TOLEDO FACULTY TENURE REVIEW

Name of Faculty Member Current Rank Probationary Year			College		Department	
			Highest Degree	Prior Service Credit	Date of Hire	Current
				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 Vice President for Academic Affairs.					
		RECOMMEN	IDATION OF TH	E DEPARTMENT PERSO	NNEL COMMITTEE	
We	e 🗖 do 🗖 do not recommend approval.					
Name	es of Committee	Members				
Committee Vote: Yes No			_ No			
Signa	Signature of Committee ChairpersonDate					
		REC	OMMENDATION	OF DEPARTMENT CHA	IRPERSON	
I	□ do	do not reco	ommend approval.			
Signature of Department Chairperson					Date	