

# THE UNIVERSITY OF TOLEDO

## FACULTY RECORD *PRE-TENURE EVALUATION*

\_\_\_\_\_  
Name of Faculty Member

\_\_\_\_\_  
College

\_\_\_\_\_  
Department

\_\_\_\_\_  
Current Rank

\_\_\_\_\_  
Highest Degree

\_\_\_\_\_  
Prior Service Credit

\_\_\_\_\_  
Date of Hire

\_\_\_\_\_  
Current

\_\_\_\_\_  
Probationary Year

### *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 PERSONNEL COMMITTEE

We  do  do not recommend approval.

Names of Committee Members \_\_\_\_\_

Committee Vote: \_\_\_\_ Yes \_\_\_\_ No

Signature of Committee Chairperson \_\_\_\_\_ Date \_\_\_\_\_

### RECOMMENDATION OF DEPARTMENT CHAIRPERSON

I  do  do not recommend approval.

Signature of Department Chairperson \_\_\_\_\_ Date \_\_\_\_\_

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**(OVER)**

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**RECOMMENDATION OF COLLEGE PERSONNEL COMMITTEE**

We  do  do not recommend approval.

Names of Committee Members \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Committee Vote: \_\_\_\_ Yes \_\_\_\_ No

Signature of Committee Chairperson \_\_\_\_\_ Date \_\_\_\_\_

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**RECOMMENDATION OF COLLEGE DEAN**

I  do  do not recommend approval.

Signature of College Dean \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_

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**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 \_\_\_\_\_

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**RECOMMENDATION OF PROVOST AND VICE PRESIDENT FOR HEALTH AFFAIRS**

I  do  do not recommend approval.

Signature of Provost \_\_\_\_\_ Date \_\_\_\_\_

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**DECISION OF THE PRESIDENT**

I  shall  shall not forward this action to the Board of Trustees for approval.

Signature of President \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_



# FACULTY PROMOTION REVIEW

PROMOTION TO:

Assistant Professor

Associate Professor

Professor

\_\_\_\_\_  
Name of Faculty Member

\_\_\_\_\_  
College

\_\_\_\_\_  
Department

\_\_\_\_\_  
Current Rank

\_\_\_\_\_  
Highest Degree

\_\_\_\_\_  
Date of Hire

\_\_\_\_\_  
Current Probationary Year

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## RECOMMENDATION OF THE DEPARTMENT PERSONNEL COMMITTEE

We  do  do not recommend approval.

Names of Committee Members \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Committee Vote: \_\_\_\_ Yes \_\_\_\_ No

Signature of Committee Chairperson \_\_\_\_\_ Date \_\_\_\_\_

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## RECOMMENDATION OF DEPARTMENT CHAIRPERSON

I  do  do not recommend approval.

Signature of Department Chairperson \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_

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**(over)**

# THE UNIVERSITY OF TOLEDO

## FACULTY TENURE REVIEW

\_\_\_\_\_  
Name of Faculty Member

\_\_\_\_\_  
College

\_\_\_\_\_  
Department

\_\_\_\_\_  
Current Rank  
Probationary Year

\_\_\_\_\_  
Highest Degree

\_\_\_\_\_  
Prior Service Credit

\_\_\_\_\_  
Date of Hire

\_\_\_\_\_  
Current

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### RECOMMENDATION OF THE DEPARTMENT PERSONNEL COMMITTEE

We  do  do not recommend approval.

Names of Committee Members \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Committee Vote: \_\_\_\_ Yes \_\_\_\_ No

Signature of Committee Chairperson \_\_\_\_\_ Date \_\_\_\_\_

### RECOMMENDATION OF DEPARTMENT CHAIRPERSON

I  do  do not recommend approval.

Signature of Department Chairperson \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_

(OVER)

