

APPRAISAL SIGNATURE SHEET AND RECOMMENDATION FORM

For implementation in the forthcoming Academic Year 20_____

Name: _____
Last
First
Middle

College or School/Department: _____

Date of First Appointment at PSU: _____ Current Rank: _____

Date of Last Promotion: _____ Tenure Status: _____
(Fixed Term or Annual or Tenured)

Total Tenure Related FTE: _____
(complete for Annual appointments only)

FACULTY MEMBER IS BEING REVIEWED FOR: *please indicate with a check(s):*

_____ promotion to: _____ *(indicate rank)* **and/or** _____ tenure

Approval Date of University P&T Guidelines used: _____ Approval Date of Department P&T Guidelines used: _____

Each voting member of the Departmental Committee and each reviewing Administrator is required to sign and indicate their vote or recommendation.

(For tenure recommendations, please use P to indicate positive, D to indicate deferral, and T to indicate termination. For promotion recommendations, please use P to indicate promotion or D to indicate deferral). When a faculty member is not being considered for both promotion and tenure, one of the VOTE/REC columns below should be left blank.

SIGNATURES	PROMOTION VOTE/REC	TENURE VOTE/REC	DATE
COMMITTEE RECOMMENDATION:			
COMMITTEE MEMBERS*:			
COMMITTEE CHAIR:			
DEPARTMENT CHAIR:			
DEAN:			
PROVOST/VICE PRESIDENT:			
PRESIDENT:			

*If more space is needed for committee membership, please attach an additional page.

I have been apprised of the recommendations indicated on this form and have been given the opportunity to review my file before its submittal to the Dean's Office.

Faculty Signature

Date