[Appendix PT-1]. APPRAISAL SIGNATURE SHEET AND RECOMMENDATION FORM FOR POST-TENURE REVIEW

For implementation in the forthcoming Academic Year, 20_____

Name			
Last	First	Middle	
College or School/Department			
Date of First Appointment at PSU	Current Rar	ık	
Date of Tenure, Promotion, or mos	st recent Post-Tenure Review		

Each voting member of the Departmental Committee and each reviewing Administrator is required to sign and indicate his or her vote or recommendation. Please use YES to indicate " meets standards" and NO indicates "does not meet" standards.

NAMES	SIGNATURES	Meets standards YES or NO	DATE	PDP Plan
COMMITTEE RECOMMENDATION:				
COMMITTEE MEMBERS* :				
COMMITTEE CHAIR:				
DEPARTMENT CHAIR:				
DEAN:				

*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 Member Signature

Date

When Provost Review required as described in Section VIII B.

PROVOST/VICE PRESIDENT:		

All completed forms must be filed with the Provost's office no later than June 15 the year of the review.