APPRAISAL SIGNATURE SHEET AND RECOMMENDATION FORM
THIRD-YEAR REVIEW

Name:_____
Last First Middle

College or School/Department:_____

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

Total Tenure Related FTE:_____
(*complete for Annual [aka: TenureTrack] appointments only*)

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.

SIGNATURES	Adequate Progress Toward Tenure	Inadequate Progress Toward Tenure	Date
COMMITTEE RECOMMENDATION:			
COMMITTEE MEMBERS:			
COMMITTEE CHAIR:			
DEPARTMENT CHAIR:			
DEAN:			

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

6/18/2020