

University of Southern Indiana

APPRAISAL AND RECOMMENDATION FORM FOR COLLEGE OR LIBRARY DIRECTOR
FOR FACULTY PROMOTION AND OR TENURE

Applicant Information (completed by the applicant)

Name: _____ Current rank: _____

College: _____ Department: _____

Faculty Track: Tenure Track Tenured Clinical Track

Personnel Action Requested (mark all that apply): Promotion Tenure

Promotion to: Assistant Professor Associate Professor Professor N/A

Clinical Assistant Professor Clinical Associate Professor Clinical Professor

General Review of the Evaluation Areas:

The Dean/Director indicates below his/her appraisal of the applicant's attainment of the criteria in the applicable evaluation areas described in the University Faculty Handbook and appropriate College/unit criteria.

Exceeds Meets D006 Tw 11.04
expectations expectations

University of Southern Indiana

APPRAISAL AND RECOMMENDATION FOR UNIVERSITY PROMOTIONS COMMITTEE
FOR FACULTY

