**COLLEGE OF SCIENCE AND ENGINEERING**

**Faculty Evaluation of Faculty for Tenure, and/or Promotion**

*Note: This form is not to be used for Non-Tenure-Track Faculty or for Post-Tenure Review.*

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate: |  | Rank: |  |
|  |  |  |  |
| Department: |  |  |  |

Evaluation for consideration of: *check all that apply*

Tenure

Promotion to Associate  Promotion to Full

|  |  |
| --- | --- |
| Period of Review: |  |

From date of last review/promotion until and including current year

The candidate is to be evaluated according to the standards as defined in the selected Department Addendum to the College Operating Procedures and Evaluation Plan. Please review the appropriate [COPEP Department Addendum](#Dept_Addenda).

|  |  |  |  |
| --- | --- | --- | --- |
| Evaluator: |  | Rank: |  |
|  |  |  |  |
| Department: |  |  |  |

Rate the candidate using the following numerical system:

1 Very Poor Reviewer objects to renewal/tenure/promotion.

2 Poor Reviewer recommends against renewal/tenure/promotion.

3 Fair Reviewer would recommend renewal/tenure/promotion only after certain improvements.

4 Good Reviewer recommends renewal/tenure/promotion even though some areas should be improved.

5 Very Good Reviewer recommends renewal/tenure/promotion.

6 Excellent Reviewer find the candidate exceptionally well suited for renewal/tenure/promotion.

|  |  |  |
| --- | --- | --- |
| Teaching: | Research/Scholarship: | Service: |

Recommendation:

I recommend the candidate be renewed/tenured/promoted.

I recommend the candidate *not* be renewed/tenured/promoted.

**A letter with specific detail that justifies the ranking and recommendation must be submitted with this form. Stipulations for improvement must be clearly indicated. Please review the** [**COPEP Guidelines for Faculty Review Letters**](#Review_Letters)**.**

**Signature of Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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*Justification Letter for: Candidate*

**Signature of Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**