

COLLEGE OF SCIENCE AND ENGINEERING
Evaluation of Faculty Member for Post-Tenure Review (PTR)

Note: This form is not to be used for Non-Tenure-Track Faculty Members or Tenure and/or Promotion.

Candidate: _____ Rank: _____

Department: _____

Evaluation for consideration of: Post-Tenure Review

Period of Review: _____ From date of last review/promotion until and including current year

Evaluator: _____ Rank: _____

Department: _____

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

	Does Not Meet Department Standards	Meets Department Standards	Exceeds Department Standards
Teaching:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research/Scholarship:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A narrative with specific detail that justifies the ranking and recommendation must be submitted either on the reverse side of this form or in an attached letter. Stipulations for improvement must be clearly indicated. Please review the [COPEP Guidelines for Faculty Review Letters](#).

Signature of Evaluator: _____ Date: _____