Portland State
Academic Affairs

APPRAISAL SIGNATURE SHEET AND RECOMMENDATION FORM
Non-Tenure Track Faculty Review:
Instructional/Research Promotion, Emeritus/a, or Instructional CA-Milestone

For implementation in the forthcoming Academic Year, 20___

Name: _____
Last First Middle

PSU ID: _____ **College or School/Dep or Prog:** _____

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

Date of Last Promotion: _____ and/or **most recent Review:** _____

Approval Date of: University Guidelines Used:_____ Department Guidelines Used:_____

FACULTY MEMBER STATUS: *please indicate below the candidate's **current** employment status.*

_____ NTTF- Fixed-Term (Instructional and/or Research)
_____ NTTF- Ongoing Appt (Research)
_____ NTTF- Continuous Appointment-Probationary (Instructional)
_____ NTTF- Continuous Appointment (Instructional)

FACULTY MEMBER IS BEING REVIEWED CONSIDERED FOR PROMOTION IN RANK: *please indicate the appropriate Rank Below.*

PROMOTION To: _____
(Please indicate above **N/A,** or **Rank,** or **Current Rank + Emeritus/Emerita**)

FACULTY MEMBER IS BEING REVIEWED FOR: *please indicate with a check(s)below.*

_____ NTTF-R – **Promotion** in Rank (Research)
_____ NTTF-I – **Promotion** in Rank (Instructional)
_____ NTTF-I – **CA-Milestone Review/**Award of Continuous Appointment (Instructional)

CA-Milestone Review: A Faculty member may appeal an adverse decision by the Dean to the Provost by submitting an appeal within ten (10) working days of notice of the Dean's Decision. *

Using the Appraisal Signature Sheet on page 2, each voting member of the Departmental Committee and each reviewing Administrator is required to sign and indicate their vote or recommendation regarding the type(s) of review indicated above.

Note: Please use N/A when a faculty member is **not** being considered for **both** Promotion **and** CA-Milestone Review**.**

If more space is needed for committee membership, please attach an additional page. **Print Names Clearly Below:**	**SIGNATURES:**	**NTTF-I or NTTF-R Promotion** Positive or Negative **"P" or "N" or N/A**	**NTTF-I CA-Milestone Review** Positive or *Negative **"P" or "N" or N/A**	**DATE:**
Committee's Recommendation:				
COMMITTEE MEMBERS:				
COMMITTEE CHAIR:				
DEPARTMENT CHAIR:				
DEAN:				
PROVOST/VICE PROVOST:			Signature Required If Appeal to Provost Filed with OAA	
PRESIDENT:			No Signature Required	

I have been apprised of the recommendations indicated on the attached form and have been given the opportunity to review my file <u>before</u> its submittal to the Dean's Office.

_____

Faculty Signature *Date*