Portland State
Academic Affairs

APPRAISAL SIGNATURE SHEET AND RECOMMENDATION FORM
FOR POST-TENURE REVIEW

For implementation in the forthcoming Academic Year, 20___

Name: _____
Last First Middle

PSU ID: _____

College or School: _____ Department or Program:_____

Current Rank: _____ Rank Effective Date:_____

Most recent PTR effective date:_____

Each voting member of the Departmental Committee and each reviewing Administrator must sign and indicate their recommendation. YES indicates "meets standards" and **NO** indicates "does not meet" standards. Faculty members not meeting standards will create a **Professional Development Plan** in collaboration with their chair or director.

Was this review a reconsideration decision: **Yes** or **No**

(Reconsideration decisions should be reflected on a new signature page attached to dossier)

NAMES	SIGNATURES	Meets Standards YES or NO	DATE
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 it is submitted to the Dean's Office.

_____

Faculty Member Signature *Date*

When Provost Review required as described in Section VIIIB.

PROVOST/VICE PRESIDENT:	SIGNATURE	MEETS STANDARDS YES OR NO	DATE

All completed forms must be filed with the Provost's office no later than First week in March the year of the review.

If entering into a Professional Development Plan:

Date Professional Development Plan was signed: _____

Start Date of PDP: _____ and End Date of PDP: _____