Portland State
Academic Affairs

APPRAISAL SIGNATURE SHEET AND RECOMMENDATION FORM
FOR POST-CONTINUOUS APPOINTMENT REVIEW

For implementation in the forthcoming Academic Year, 20___

Name: _____
Last First Middle

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

Milestone Review Effective Date at PSU:_____

Current Rank: _____ Rank Effective Date:_____

Most recent PCAR effective date:_____

Was this review a reconsideration decision: **Yes** or **No** (Reconsideration decisions should be reflected on a new signature page attached to dossier)

Faculty members not meeting standards will create a **Faculty Improvement Plan** in collaboration with their chair or director.

Each voting member of the Departmental Committee and each reviewing Administrator is required to sign and indicate their vote or recommendation.

Please use **YES** to indicate "meets standards" and **NO** indicates "does not meet" standards.

NAMES	**SIGNATURES**	**Meets Standards YES or NO**	**DATE**
COMMITTEE RECOMMENDATION:			
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 its submittal to the Dean's Office.

_____

Faculty Member Signature *Date*

When Provost Review required as described in Article 18, Section h, 6 of the AAUP CBA.

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 Faculty Improvement Plan:

Date Improvement Plan was signed: _____

Start Date of FIP: _____ and End Date of FIP: _____