POST TENURE REVIEW ACTIVATION FORM

Department Chair/Unit Head

Based on the following reason, I am activating Post-Tenure Review for _____ in the Department of _____.

☐ Refusal to participate in the annual review process as described in Policy 4.6.17, Annual Review of Tenured Faculty
☐ A "below standards" rating in teaching in the Year Three Review and in the review in the subsequent year as evaluated in Policy 4.6.17, Annual Review of Tenured Faculty, page 2
☐ A "below standards" and "insufficient progress" rating occurring in the same area of deficiency in two consecutive review cycles (see Policy 4.6.17)
☐ In lieu of immediate dismissal for cause

_____

Department Chair Date

Attach written notification to faculty member of intent to activate the post-tenure review process, the faculty member's response (if any), and any supporting materials.

The University Post-Tenure Review Committee recommends ☐ **Activate Post-Tenure Review**
☐ **Do Not Activate Post-Tenure Review**

Signatures of committee members denote verification of the majority vote:

Committee Member's Name (Printed/Typed)	Signature

Date: _____

☐ A justification of recommendation is attached (required if recommendation does not concur)

The Dean's recommendation is: ☐ **Activate Post-Tenure Review** ☐ **Do Not Activate Post-Tenure Review**

_____

Dean Date

☐ A justification of recommendation is attached (required if recommendation does not concur)

The Provost's recommendation is ☐ **Activate Post-Tenure Review** ☐ **Do Not Activate Post-Tenure Review**

_____

Provost Date