**Summary of Recommendations Form for**

**COMPREHENSIVE POST-TENURE REVIEW**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campus:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please write name as you want it to appear on letters)

PhD? Yes No If no, please list other appropriate degree/s and/or experience:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Unit, Department, and/or Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Rank and Discipline: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_*

(i.e., Assistant Professor of Biology)

Years in current rank: \_\_\_\_\_\_\_\_\_\_\_ Total years of faculty service at UAF: \_\_\_\_\_\_\_\_\_\_

Year Tenure was received: \_\_\_\_\_\_\_\_\_\_\_\_\_ Year of last Promotion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year of last Evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appointment (please circle one): Tripartite Bipartite (Teaching and Service)

If you were hired with special conditions of employment, please note them here:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***For Provost’s Office Use Only***

**SUMMARY OF RECOMMENDATIONS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Unit-Peer Review Committee | Dean/ Director | University-wide Review  Committee | Provost |
| Recommendation | Yes/No  Vote: | Yes/No | Yes/No  Vote: | Yes/No |
| Candidate Response Included | Yes/No | Yes/No | Yes/No | Yes/No |

*Notes:*