## Progress Toward Tenure Review

### Intermediate Review Composite Evaluation

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Candidate:** |  |  |  |  |  |  |
|  |  | **Last Name** |  | **First Name** |  | **Middle Initial** |

### Summary of Intermediate Review Schools with Departments, Office of Research

OVERALL EVALUATION: This evaluation should reflect the composite assessment of the individual’s record of teaching or professional performance, research, and service in relation to progress toward meeting the University’s criteria for promotion and/or tenure.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Evidence sufficient for continuing tenure track appointment at this time |
|  |  |  |  |
|  |  |  | Evidence requires a subsequent formal probationary review within one academic year |
|  |  |  |  |
|  |  |  | Evidence supports a recommendation for non-reappointment\* |

**\*NOTE:**A separate letter from the committee to the Dean or Vice Chancellor supporting the evaluation should be attached. This letter should address each of the areas of effort evaluated (e.g., teaching, research, & service; professional performance, research, & service).

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Committee Chairperson Signature |  | Date: |
|  |  |
| Please Type Name |  |

### Concurrence or Non-concurrence of Intermediate Review – Dean or Vice Chancellor (as appropriate)

|  |  |
| --- | --- |
|  | I **concur** with the committee’s recommendation |
|  | I **do not concur** with the committee’s recommendation for the reasons stated in the attached letter |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Signature** |  | **Date** |
|  |  |  |
| **Please Type Name** |  | **Title (Chair/Director/Dean)** |