

ANNUAL RECOMMENDATION ON RETENTION OF TENURE-TRACK FACULTY

Name of faculty member: _____

Rank: _____ Department: _____

Year of appointment: _____ Tenure consideration scheduled for AY: _____

Name of assigned faculty mentor: _____

This form documents the retention review process according to the procedures in Part I of the Manual for Faculty Evaluation. All narratives, reports, statements, and responses generated in the retention review process are attached to this form.

1. **Review by the tenured faculty.** The narrative of the tenured faculty is attached and the vote recorded below.

Vote of the tenured faculty: For retention _____ Against retention _____ Abstention _____
Recuse (state reason for conflict) _____

2. **Review by the department head.** The report of the department head is attached.

The department head recommends: [] retention [] termination as of _____

Overall rating: [] Far Exceeds Expectations [] Exceeds Expectations
[] Meets Expectations
[] Falls Short of Meeting Expectations [] Falls Far Short of Meeting Expectations

Signature of department head: _____ Date: _____

3. **Review by the faculty member.**

Signature of faculty member: _____ Date: _____

4. **Review by the dean.** The dean's statement (when required by Part I.B.2 of this manual) is attached.

The college recommends: [] retention [] termination

Signature of Dean: _____ Date: _____

5. **Review by the chief academic officer.** The chief academic officer's statement (when required by Part I.B.3 of this manual) is attached.

The chief academic officer recommends: [] retention [] termination

Date: _____

Signature of Sr. VP & Sr. VC of UTIA