

AUSTIN PEAY STATE UNIVERSITY  
**DEPARTMENT RETENTION AND TENURE**  
**RECOMMENDATION**

Name: \_\_\_\_\_ College: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Date of original probationary appointment: \_\_\_\_\_ Years granted toward tenure: \_\_\_\_\_

Number of years of probationary service at APSU including present year: \_\_\_\_\_

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**Department Evaluation:** Please submit information and evaluation in each of the categories listed. Attach appropriate supporting documents as part of the e-dossier.

**Education**

1. Highest degree held: \_\_\_\_\_ From: \_\_\_\_\_  
Date granted: \_\_\_\_\_

2. If appropriate terminal degree is not held, indicate status of degree work in progress.

Anticipated completion date: \_\_\_\_\_ Degree: \_\_\_\_\_ Institution: \_\_\_\_\_

**A. Effectiveness in Academic Assignment** If additional spaces is needed, use the "Additional Comments" space on page 4.

B. **Scholarly and Creative Accomplishments** If additional spaces is needed, use the "Additional Comments" space on page 4.

C. **Professional Contributions and Activities** If additional spaces is needed, use the "Additional Comments" space on page 4.

**Department Recommendation:** Please check one of the following:

\_\_\_\_\_ 1. Recommend probationary status be continued.

\_\_\_\_\_ 4. Recommend retention and the awarding of tenure beginning\_\_\_\_\_.

\_\_\_\_\_ 2. Recommend retention for one more year at the end of which time employment be terminated. (use only for 3<sup>rd</sup> year and beyond)

\_\_\_\_\_ 5. Other (Recommendations with qualifications, such as completion of degree) Please explain in attachment.

\_\_\_\_\_  
(Date of termination)

\_\_\_\_\_ 3. Recommend faculty member not be retained for next year.  
(Use only for 1<sup>st</sup> and 2<sup>nd</sup> year)

\_\_\_\_\_  
(Date of termination)

Department Committee Validation: We certify that we have read the department retention and tenure report. Although these statements reflect committee discussion, our signatures do not indicate agreement or disagreement with the above evaluation and recommendation.

Signatures **[Place your visible signature in the same box as your printed name]:**

I certify that I have read the department retention and tenure recommendation report. My signature does not indicate agreement or disagreement with the statements made here.

Signature of Faculty Member: \_\_\_\_\_

Date: \_\_\_\_\_

**Additional Comments for Committee Use Only**

**Department Retention/Tenure Committee Voting Record**

For:

Against:

Absent:

Non-Voting Department Member(s):

Minority Report?  
Check one box.

No

Yes

Committee Chair's Name (Print):

Committee Chair's Signature: