



THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY
Annual Evaluation/Tenure-Track/Tenure/Promotion/
Post-Tenure Recommendation Form
INSTRUCTIONS

1. **Faculty Name:** Please type full legal name, including the correct salutation. Please refrain from using nicknames.
2. **Banner ID #:** Number can be obtained by accessing Assist or Blackboard. (e.g., 100XXXXX; 200XXXXX)
3. **Academic Title:** Indicate the correct title from Assistant Professor, Associate Professor, or Professor.
4. **Year appointed to Academic Title:** Indicate the year appointed to current rank.
5. **College:** Indicate the home college the faculty member is affiliated with.
6. **Department:** Indicate the home department where the faculty is affiliated with .
7. **Current Academic Year:** Designate current academic year. (e.g., 2011 - 2012)
8. **Application for:** Check all that applies to indicate the faculty's application. Special Note - For Post Tenure recommendations only, please disregard steps 9-10. Proceed with step 11 - "Teaching Effectiveness, Professional Achievements, and Professional Service".
9. **Check Mark Review Year:** Check mark the year of review. (e.g., if the faculty member is being reviewed during the fifth year of his/her tenure-track probationary period, check mark the number 5.)
10. **Length of Maximum Probation Period (as specified in the "Offer Letter"):** Special Note - This is required if applying for Tenure-Track (Reappointment) and/or Tenure and Promotion. Indicate the length of the faculty member's probationary period. (e.g., if the faculty member was employed on a 6-year tenure-track probationary period, check mark the number 6.)
11. Each level of review shall conduct an independent evaluation and provide substantive feedback to the faculty member, highlighting the faculty member's weaknesses and strength, as well as areas for improvement, in accordance with the Pathways" schedule. Recommendations at each review level must include substantive justifications as to the final recommendations, whether positive or negative.
 - a. **Teaching Effectiveness**
 - b. **Professional Achievement**
 - c. **Professional Service**
12. **Evaluative Summary:** The statement should not only summarize the faculty member's activity, but also express judgment of the quality and significance of the faculty member's performance and details supporting the recommendations.
13. **Recommendations (Check as Appropriate):** Check the appropriate box to mark the recommendation.
14. **Review Level:** Indicate the appropriate level of review and date accordingly.
15. **Signature(s) of Committee Member(s) and/or Reviewer:** Committee Members or reviewer must print their name(s) and sign on the designated signature lines.



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1. Salutation: _____ Last Name: _____ First Name: _____ MI: _____

2. Banner ID: _____ 3. Current Rank: _____ 4. Year appointed to Current Rank: _____

5. College: _____

6. Department: _____

7. Current Academic Year: _____

8. Application for: (Check as appropriate) _____

- Annual Evaluation
- Tenure-Track
- Tenure
- Promotion
- Post Tenure

The Tenure-Track/Tenure/Promotion dossier will also serve as the Annual faculty evaluation dossier. That is, faculty who are undergoing TT reviews or applying for T/P do not need to submit a separate dossier for their annual evaluation.

Special Note: Please indicate the "Length of Maximum Probationary Period" if applying for Tenure-Track (Reappointment) and/or Tenure.

9. Select Review Year:

- 1
- 2
- 3
- 4
- 5
- 6
- 7

10. Length of Maximum Probationary Period (as specified in the "Offer Letter"):

- 1
- 2
- 3
- 4
- 5
- 6
- 7

11. a. Teaching:



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11. b. Research / Scholarship:

11. c. Service:

12. Evaluative Summary:



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Faculty Name: _____

13. **Recommendation for Tenure-Track/Tenure/Promotion: (Check as appropriate)**

- 1. Reappoint on Tenure Track
- 2. Award Tenure
- 3. Promote To (Select the appropriate rank):
 - Associate Professor
 - Full Professor
- 4. Deny Promotion
- 5. Remove from Tenure Track
(Means termination of employment with appropriate notification)

Recommendation for Annual Evaluation: (Check as appropriate)

- 1. Exceeds Expectations
- 2. Meets Expectations
- 3. Does Not Meet Expectations - (Meeting with Chair and Dean to develop an action/remediation plan is required; the faculty member may be subject to further review)
- 4. Unsatisfactory - (Meeting with Chair and Dean to develop an action/remediation plan is required; the faculty member may be subject to further review and/or to appropriate administrative action.)

Recommendation for Post Tenure Review (Must be completed for all promotion to full cases): (Check as appropriate)

- 1. Exceeds Expectations
- 2. Meets Expectations
- 3. Does Not Meet Expectations - (Meeting with Chair and Dean to develop an action/remediation plan is required; the faculty member may be subject to further review)
- 4. Unsatisfactory - (Meeting with Chair and Dean to develop an action/remediation plan is required; the faculty member may be subject to further review and/or to appropriate administrative action.)

14. **Review Level: (Check as appropriate)**

- Dept. Committee Chair College Committee Dean
- University Committee Provost/EVPAA

Date: _____

15. **Certification:**

I/We certify that the recommendation made immediately above represents the intention of the reviewing officer/reviewing body.

Print Name:

Signature(s) of Committee members/Reviewing Officer:
