



THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY
 Tenure-Track/Tenure/Promotion/Post-Tenure Routing Form

This form will be completed in the initial level of review only and used as the official routing form. Recommendations and signatures for the recommendations submitted at the various levels of review need to be in ink. Do NOT submit a separate routing form for each level of review.

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., 100XXXXXX; 200XXXXXX)
3. **Academic Title:** Indicate the correct title: Assistant Professor, Associate Professor, or Professor.
4. **Year appointed to current academic title:** Indicate the year appointed to current rank.
5. **Academic year of last Post-Tenure and/or promotion review.**
6. **College:** Indicate the home college the faculty member is affiliated with.
7. **Department:** Indicate the home department where the faculty is affiliated with.
8. **Terminal Degree:** Indicate the type of terminal degree earned.
9. **Date Earned:** Indicate the year the terminal degree was earned.
10. **Current Academic Year:** Designate current academic year. (e.g., 2016 - 2017)
11. **Applying for (Check as appropriate):** Elect if the faculty is applying for Annual Evaluation, Reappointment on Tenure-Track, Tenure and/or Promotion.
12. **Recommendations:** For reappointments, indicate "Yes" or "No". For Tenure and/or Promotion candidates, enter the number of votes in the appropriate boxes as applicable, sign, and date accordingly.

(e.g.)

Level of Review	Reappoint		Tenure			Promotion			Post Tenure Review ±			
	Yes	No	Grant	Deny	Abstain ³	Grant	Deny	Abstain ³	Exceeds Expectations	Meets Expectation	Does Not Meet Expectations ¹	Unsatisfactory ²

± Post-Tenure section must be completed for all Promotion to full cases.

³ Only to be used for legitimate conflicts of interest and/or due to voting at a another level. Additionally, for college and university committees, abstentions will occur when faculty are from the same department/school as the candidate.

13. **Signatures of Voting Faculty Members at the department level:** If applicable, voting faculty members of the department must print their name(s) and sign on the designated signature lines certifying that they have reviewed the dossier before casting their vote.



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1. Salutation: _____ Last Name: _____ First Name: _____ MI: _____
2. Banner ID: _____ 3. Academic Title: _____ 4. Year appointed to current Academic Title : _____
5. Academic year of last Post-Tenure and/or promotion review: _____
6. College: _____
7. Department: _____
8. Terminal Degree: _____ 9. Date Earned: _____
10. Current Academic Year: _____

11. Application for: (Check as appropriate)

Tenure-Track
 Tenure
 Promotion
 Post Tenure

12. Recommendation: (Indicate Number of votes for Tenure & Promotion)

Level of Review	Reappoint		Tenure			Promotion			Post Tenure Review ±				Signature of reviewer or committee chair	Date
	Yes	No	Grant	Deny	Abstain ³	Grant	Deny	Abstain ³	Exceeds Expectations	Meets Expectation	Does Not Meet Expectations ¹	Unsatisfactory ²		
Department Committee														
Department Vote *													See Line 12. Department Level Certification	
Chair														
College Committee <small>(If applicable for PTR)</small>														
Dean														
University Committee <small>(Tenure and/or Promotion only)</small>														
Provost/ EVPAA														
President														

* This section is required if the department committee is less than a committee of the whole and ONLY for final tenure review or when there is a recommendation for removal from tenure-track.

Special Note: A copy of the recommendation shall be placed in the faculty member's evaluation folder for each level of review, and a copy shall be sent to the faculty member.

¹ Meeting with Chair and Dean to develop an action/remediation plan is required; the faculty member may be subject to further review.

² 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.

³ Only to be used for legitimate conflicts of interest and/or due to voting at a another level. Additionally, for college and university committees, abstentions will occur when faculty are from the same department/school as the candidate.

± Post-Tenure section must be completed for all Promotion to full cases.



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Faculty Name: _____

13. Department Level Tenure Certification: ONLY for final tenure review or when there is a recommendation for removal from tenure-track. Required if the department committee is less than a committee of the whole. For all tenure cases all tenured members of the department/school must certify that they have reviewed the dossier.

I/We certify that I/We have reviewed the dossier before casting the vote.

Print Name:	Signature(s) of Voting Faculty Member:
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