

SAN JOSE STATE UNIVERSITY

RETENTION AND TENURE RECOMMENDATION FORM

 Name Department/School/Division College

 Rank Probationary Year Date of Probationary Appointment Probationary Credit Granted at Time of Appointment

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| <p>1. Department/School/Division Committee's Recommendation</p> <p>_____ Committee Vote [record votes in each category and provide clear explanation in valuation statement for <u>all</u> votes]:</p> <p>Retain _____ Tenure _____ Terminate _____</p> <p>Abstain _____ Absent _____</p> <p>Conditions, such as full review: _____</p> <p>_____ Signature – Department/School/Division Committee Chair Date</p> | <p>4. College Dean's Recommendation:</p> <p>_____ _____</p> <p>Conditions, such as full review: _____</p> <p>_____ _____</p> <p>_____ Signature – College Dean Date</p> |
| <p>2. Department Chair's/School Director/Division Head's Recommendation, if any: _____</p> <p>Condition, such as full review: _____</p> <p>_____ _____</p> <p>_____ Signature – Chair/Director/Division Head Date</p> <p>_____ Department Chair/School Director/Division Head is part of Department/School/Division Committee.</p> | <p>5. University Committee Recommendation; if any:</p> <p>_____ Committee Vote [record votes in each category and provide clear explanation in valuation statement for <u>all</u> votes]:</p> <p>Retain _____ Tenure _____ Terminate _____</p> <p>Abstain _____ Absent _____</p> <p>Conditions, such as full review: _____</p> <p>_____ _____</p> <p>_____ Signature – University Committee Chair Date</p> |
| <p>3. College Committee's Recommendation:</p> <p>_____ Committee Vote [record votes in each category and provide clear explanation in valuation statement for <u>all</u> votes]:</p> <p>Retain _____ Tenure _____ Terminate _____</p> <p>Abstain _____ Absent _____</p> <p>Conditions, such as full review: _____</p> <p>_____ _____</p> <p>_____ Signature – College Committee Chair Date</p> | <p>6. Associate Vice President/Faculty Affairs Recommendation:</p> <p>_____ _____</p> <p>Conditions, such as full review: _____</p> <p>_____ _____</p> <p>_____ _____</p> <p>_____ Signature – AVP/Faculty Affairs Date</p> |

Action by University President _____ Tenured: Effective date _____

_____ Continued for _____ probationary year

_____ Full _____ Year Review required 20 _____

_____ Not Retained

 Signature Date

[Submit original and 4 copies]

If you are downloading this form for use, please print on yellow paper.

Candidate's Name

Department/ School/ Division Evaluation

Instruction: The Department/ School/ Division Committee should state here its evaluation of the faculty member's achievement and activity since date of appointment to probationary service or since last promotion. The statement should not summarize the candidate's activity, but express the committee's judgment of its quality and significance. The evaluation statement should address the criteria and standards in the university ARTP policy and clearly state the reason for the committee's recommendation, including reasons for dissenting votes.

Signature of Department/School/Division Committee
Members:

Signature – Committee Chair Date

Signature of Faculty Member:

I have read the Department/School/Division summary and evaluation, the chair's/director's/division head's letter, and the accompanying dossier. My signature indicates neither agreement nor disagreement with the statements made.

Signature

Date