Post Tenure Review
Cover Sheet

College of ________________________
Department of ________________________
Date ________________________

Faculty Name: ________________________________________________________________
Faculty Rank: ________________________________________________________________

Assessments* to be completed by PTR Committee:

Teaching:
☐ Meets Expectations
☐ Below Expectations

Research/Creative Activities:
☐ Meets Expectations
☐ Below Expectations

Institutional Service:
☐ Meets Expectations
☐ Below Expectations

Extension/Professional Practice:
☐ Meets Expectations
☐ Below Expectations

[Other]:
☐ Meets Expectations
☐ Below Expectations

To be completed by the PTR Committee Chair [required]:
Overall Assessment:
☐ Meets Expectations
☐ Below Expectations

*Assessment categories may be modified to reflect actual PRS categories

Updated January 2015