# Cover Sheet for Post-Tenure Review

The Post-Tenure Review (PTR) Committee conducts an assessment. The PTR Committee must assess the candidate in each area of their position responsibilities as documented in their PRS. Assessment areas listed below may be modified to reflect the areas included in the candidate’s current PRS. The PTR Committee must also provide an overall assessment of the candidate’s performance and productivity. The final assessment is submitted to the Department Chair and/or School Director.

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| **Candidate Information** | | |
| Full Name: | College: | |
| Current Rank: | Primary Department: | |
| Secondary Appointments (e.g., Interdepartmental Program): | | |
| Highest Degree Earned and Field: | | |
| Institution and Year Highest Degree Conferred: | | |
| Date of First Hire at Iowa State: | Start Date of Tenure-eligible Rank: | |
| Date of Last Promotion: | Date of Last Post-Tenure Review (if applicable): | |
| Formal appointment in Extension and Outreach?  Yes  No | | |
| **PTR Assessment Areas** | | |
| **Teaching:**  Meets Expectations  Below Expectations | | **Research/Creative Activities:**  Meets Expectations  Below Expectations |
| **Institutional Service:**  Meets Expectations  Below Expectations | | **Extension/Outreach:**  Meets Expectations  Below Expectations |
| **Clinical/Professional Practice:**  Meets Expectations  Below Expectations | | **[Other]:**  Meets Expectations  Below Expectations |

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| **Overall PTR Assessment** |
| **The PTR Committee Chair completes an overall assessment:**  Meets Expectations  Below Expectations |

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| **For Department Chairs** |
| I have reviewed the candidate information. It is factual and accurate to my knowledge. Any errors have been corrected in this final version.  Department chair signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Website: https://www.prUpdated Ju 2021

*Revised March 12, 2025*