

APPENDIX D-3
POST-TENURE REVIEW

(Alternative Two Only)

Name of Unit Member _____ Review Year _____

Department _____ College _____

I. Review by Department Chair or Library Director

A. ___ Unit member's work is satisfactory.

(No further statement shall be given.)

B. ___ Unit member's work is unsatisfactory for the following reasons:

(A detailed and complete statement of the reasons must be given. Use additional paper if necessary.)

Signature of Chair/Director

Date

This is to certify that I have read this review.

Signature of Unit Member

Date

II. Review by Vice President

A. ___ Unit member's work is satisfactory.

(No further statement shall be given.)

B. ___ Unit member's work is unsatisfactory for the following reasons:

(A detailed and complete statement of the reasons must be given. Use additional paper if necessary.)

Signature of Vice President

Date

This is to certify that I have read this review.

Signature of Unit Member

Date

