

SUMMARY: EVALUATION FOR TENURE

 Name (Last, First) _____
 Department

 Present Rank _____
 Date Appointed to Present Rank

 Date of Appointment as
 Full-Time Faculty at SLU

 Inclusive Years of Full-Time
 at Other Institutions of
 Higher Education (Instructor
 and above)

 TOTAL YEARS
 Higher Education,
 Including SLU

 Highest Earned Degree and
 Discipline/Major in
 Which Earned

TENURE RECOMMENDED
 (Sign and Date)

	Department Faculty	Department Head *	Dean	Provost
YES				
NO				

***Department heads should also provide the following information.**

Date(s) of classroom observation(s) by peers and/or department head _____

Date candidate met with faculty peer review committee _____