

**Columbus State University
Pre-Tenure Review Form**

Faculty Name _____ Academic Rank _____

Department/School _____ College _____

Pre-Tenure Review Date _____ Years Service at CSU _____ Years Credit Toward Tenure _____

Annual Evaluator _____

I. Pre-Tenure Review Committee Decision:

Teaching Satisfactory Progress _____ Unsatisfactory Progress _____

Research Satisfactory Progress _____ Unsatisfactory Progress _____

Service Satisfactory Progress _____ Unsatisfactory Progress _____

Pre-Tenure Review Committee's Recommendations: (please attach): _____

Pre-Tenure Review Committee Signatures:

_____ Date _____
_____ Date _____
_____ Date _____

II. Department Chair Review:

Teaching Satisfactory Progress _____ Unsatisfactory Progress _____

Research Satisfactory Progress _____ Unsatisfactory Progress _____

Service Satisfactory Progress _____ Unsatisfactory Progress _____

Recommendations and Analysis of Candidate's Strengths and Weakness: (please attach)

Department Chair's Signature _____ Date _____
Faculty Member's Signature _____ Date _____

III. Dean Review:

Teaching Satisfactory Progress _____ Unsatisfactory Progress _____

Research Satisfactory Progress _____ Unsatisfactory Progress _____

Service Satisfactory Progress _____ Unsatisfactory Progress _____

_____ I concur with the findings of the Pre-Tenure Review Committee

_____ I do not concur with the findings of the Pre-Tenure Review Committee

Comments: (please attach)

Dean's Signature _____ Date _____

All materials are returned to the faculty member. Original form is placed in the candidate's personnel file. Copy is sent to the chair.

Note: Participation/satisfactory progress in pre-tenure review does not assure that tenure will be awarded.