

**Columbus State University
Post-tenure Review Form**

Faculty name	Rank
Department	Tenure / Promotion / Post-tenure Prior review type (circle choice)
College	Date of prior review
Department Chair	

I. Department Chair Recommendation

Teaching: Satisfactory / Unsatisfactory
Scholarship: Satisfactory / Unsatisfactory
Service: Satisfactory / Unsatisfactory

Signature: _____ Date: _____

II. College Post-tenure Review Committee Recommendation

Teaching: Satisfactory / Unsatisfactory
Scholarship: Satisfactory / Unsatisfactory
Service: Satisfactory / Unsatisfactory

Comments: _____

Signature of CPTRC Chair: _____ Date: _____

Copies: faculty member, department chair, dean, file.

III. Dean's Decision, overall rating: _____ Satisfactory _____ Unsatisfactory
*The dean attaches his/her written assessment of the faculty member. Originals sent to faculty member.
Copies sent to department chair, Provost, and file.*

IV. Unsatisfactory Decision: If the dean's decision is that overall performance is unsatisfactory, does the faculty member desire appeal? (Initial and date your choice)

Yes, I will appeal. No, I will not appeal.

FOR DECISION APPEALS ONLY:

UPTRC Decision: _____

President's Decision: _____
