

**RECOMMENDATION FORM**  
**Tenure and Promotion, Promotion, and Post-Professorial Merit**  
**SOUTHEAST MISSOURI STATE UNIVERSITY**

**Faculty Member Name**   

**Department**   

**College/Unit**   

**Candidate for**     Tenure and Promotion  
 Promotion  
 Post-Professorial Merit [  No Contract     Contract]

**See Candidate Response**

In *Teaching Effectiveness*, specifically state the reasons why the faculty member meets or fails to meet the departmental criteria. (Expand form as necessary.)

Based on these reasons, I/we evaluate the faculty member in *Teaching Effectiveness* as  
 Outstanding     Superior     Good     Unacceptable

In *Professional Growth*, specifically state the reasons why the faculty member meets or fails to meet the departmental criteria. (Expand form as necessary.)

Based on these reasons, I/we evaluate the faculty member in *Professional Growth* as  
 Outstanding     Superior     Good     Unacceptable

In *Service*, specifically state the reasons why the faculty member meets or fails to meet the departmental criteria. (Expand form as necessary.)

Based on these reasons, I/we evaluate the faculty member in *Service* as  
 Outstanding     Superior     Good     Unacceptable

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Promotion

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**Action of the Department Chairperson**

Recommend

Not Recommend

**Signature of the Department Chairperson**

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*Signature*

*Date*