

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]

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

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. Committee may insert relevant departmental criteria.)

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. Committee may insert relevant departmental criteria.)

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

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Faculty Member Name *Type Name Here*

Department *Type Dept Name Here*

College/Unit *Type College/Unit Here*

Candidate for Tenure and Promotion
 Promotion
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Action of the Departmental Tenure and Promotion Advisory Committee

Recommend Not Recommend

Signatures of the Departmental Tenure and Promotion Advisory Committee

(Expand form as necessary.)

Committee Member

Date

- ⇓
Type Name Here
- ⇓
Type Name Here
- ⇓
Type Name Here
- ⇓
Type Name Here
- ⇓
Type Name Here