

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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Action of the University Tenure and Promotion and Sabbatical Leave Advisory Committee

Recommend Not Recommend

Signatures of the University Tenure and Promotion and Sabbatical Leave Advisory Committee (Expand form as necessary.)

Committee Member

Date

- ⇒
- ⇒
- ⇒
- ⇒
- ⇒