

(Positive Report)

Summary Report of the Post-tenure Review Committee  
(Form 1A)

Date \_\_\_\_\_

To: \_\_\_\_\_ and \_\_\_\_\_  
Faculty Member Immediate Supervisor

From: Members of the Post-tenure Review Committee

RE: Confirmation of faculty performance worthy of the continuation of tenure

We, the members of the Post-tenure Review Committee, having examined the record of performance of the above named tenured faculty member, have concluded by \_\_\_\_\_ (unanimous) or \_\_\_\_\_ (a majority vote) that this faculty member warrants the tenured status currently enjoyed. Our signatures below attest to the decision of this committee on \_\_\_\_\_ (Date)

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Signed \_\_\_\_\_

\_\_\_\_\_  
Faculty Member, Date

\_\_\_\_\_  
Immediate Supervisor, Title, Date

(Negative Report)

Summary Report of the Post-tenure Review Committee  
(Form 1B)

Date: \_\_\_\_\_

To: \_\_\_\_\_ and \_\_\_\_\_  
Individual Faculty Member Immediate Supervisor

From: Members of the Post-tenure Review Committee

RE: Unsatisfactory results of the Post-tenure Review

We, the members of the Post-tenure Review Committee, having examined the record of performance of the above named faculty member have concluded, by \_\_\_\_ (unanimous) or \_\_\_\_ (majority) vote that improved performance is needed in one or more areas to assure a continuation of tenure. This faculty member must correct the area(s) in which unsatisfactory performance has been found, or cause will exist for revocation of tenure and possibly termination of employment for cause. The specific area(s) in which performance has been found unsatisfactory is/are enumerated in the Comments Section below. In accordance with University System of Georgia guidelines, the faculty member must be given a period of three years to remedy the area(s) of inadequate performance. Our signatures below attest to the decision of this committee on \_\_\_\_\_  
(Date)

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Signed \_\_\_\_\_

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Comments

Unacceptable Area 1. By \_\_\_\_ (unanimous) or \_\_\_\_ (majority) vote.

Explanation and/or justification:

Unacceptable Area 2. By \_\_\_\_ (Unanimous) or \_\_\_\_ (majority) vote.

Explanation and/or justification:

Unacceptable Area 3. By \_\_\_\_ (unanimous) or \_\_\_\_ (majority) vote.

Explanation and/or justification:

Unacceptable Area 4. By \_\_\_\_ (Unanimous) or \_\_\_\_ (majority) vote.

Explanation and or justification:

The signatures below acknowledge receipt of the foregoing evaluation.

\_\_\_\_\_  
Faculty Member, Date

\_\_\_\_\_  
Immediate Supervisor, Title, Date

I understand that I have the right to appeal this evaluation in writing to my department chair within the next 30 days.

\_\_\_\_\_  
Faculty member's initials

(Optional)

## Georgia College & State University

### Rating Form 2 for Post-Tenure Review

(This form should be completed if and only if the members of the Post-tenure Review Committee wish to recommend a colleague for special accommodation due to noteworthy performance.)

Name \_\_\_\_\_

Department \_\_\_\_\_

Rank \_\_\_\_\_

Date of Employment at GC&SU \_\_\_\_\_

Number of years in rank \_\_\_\_\_

A written comment supporting the Post-tenure Review Committee's endorsement must be provided in the areas of performance judged to be noteworthy. It is not necessary for the Committee to comment in areas where performance is satisfactory.

#### TEACHING / JOB PERFORMANCE:

#### SCHOLARLY ACTIVITIES:

#### SERVICE TO THE UNIVERSITY, COLLEGE/SCHOOL, DEPARTMENT, PROFESSION AND/OR COMMUNITY:

#### ADDITIONAL COMMENTS AND/OR RECOMMENDATIONS:

\_\_\_\_\_  
Chair, Post-tenure Review Committee, Date

\_\_\_\_\_  
Immediate Supervisor, Title, Date

\_\_\_\_\_  
Faculty Member, Date