APPENDIX C – NSHE Tenure Application Form

To be Submitted during the Fourth Year of Probationary Period

Name:	Present Range:
Present Title:	Date of Present Range:
Institution:	
Department:	
School:	
	<u></u>
RECOMMENDATION FOR TENURE:	
To be effective:	
Date Hired:	
Number of years credit given for probation, inc	,
PERSON	IAL DATA
To be completed by the faculty member. Pleas	se stay within the margins for binding purposes.
1. Degrees, Dates, and Institutions Where Earned:	
Employment History:	

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Applicant:

3. Summary of Primary Job Responsibilities:

4. Summary of Professional Development Activities:

5. Summary of Service to the College or Community:

Α	р	р	lic	а	n	t	

EVALUATION

To be completed by the Supervisor, using the criteria contained in the NSHE Code, CSN Tenure Policy, and CSN Faculty Evaluation Policy.

6.	Evaluation of effectiv	eness in performing Prir	nary Job Responsib	ilities.
	Excellent	Commendable	Satisfactory	Unsatisfactory
	Comments:			
7.	Evaluation of Profess	sional Development Acti	vities.	
	Excellent	Commendable	Satisfactory	Unsatisfactory
	Comments:			
8.	Evaluation of Service	to the College or Comr	nunity.	
	Excellent	Commendable	Satisfactory	Unsatisfactory
	Comments:			
Ev	aluator:_Name – Plea	se Print		
	Signature			Date

Signature

Αp	q	lica	nt:
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EVALUATION

	To be com	pleted by the Dean o	r appropriate administrato	or.
9. Comm	ents relative to foregoing re	ecommendation:		
Evaluator:	Name – Please Print			
		_		
	Signature		Date	
		To be completed by	the President.	
President:	Signature			Date

APPENDIX D – Report and Recommendation on Tenure

Candidate:	Date:
Tenure Committee Members:	
Chair:	_
Chair: Print Name	Signature
Member:Print Name	
Print Name	Signature
Member:Print Name	
Tenure Committee Recommendation: Show	
Yes	No
Number Voting Yes:	Number Voting No:
Teaching:	
Excellent Commendable	le Satisfactory Unsatisfactory
Comments:	
Professional Development:	
Excellent Commendable Comments:	le Satisfactory Unsatisfactory
Comments.	
Service to the College or Community:	
Excellent Commendab	le Satisfactory Unsatisfactory
Comments:	

Report and Recommendation on	Applicant:	
Supervisor Section:		
Supervisor Recommendation: Shou	d the candidate be awarded ten	ure?
Yes	No	
Comments:		
Supervisor: Signature	Date	
Dean Section:		
Dean Recommendation: Should the	andidate be awarded tenure?	
Yes	No	
Comments:		
Dean:		
Signature	Date	
Candidate Section:		
My signature below confirms I have re- Chapter 4, Section 4.4.5, if I have been the reconsideration of such denial, as	denied tenure, I am entitled to	be informed of the reasons for, and to
Candidate's Signature:	ſ	Date: