Post Tenure Review Cover Sheet

	College of
	Department of
	Date
Faculty Name:	
Faculty Rank:	
Assessments* to	o be completed by PTR Committee:
Teachin	
	☐ Meets Expectations
	☐ Below Expectations
Researc	h/Creative Activities:
	☐ Meets Expectations
	☐ Below Expectations
Instituti	onal Service:
	☐ Meets Expectations
	☐ Below Expectations
Extensio	on/Professional Practice:
	☐ Meets Expectations
	☐ Below Expectations
[Other]:	
[Outer].	☐ Meets Expectations
	☐ Below Expectations
To be co	ompleted by the PTR Committee Chair [required]:
	Assessment:
	☐ Meets Expectations
	☐ Below Expectations
	*

^{*}Assessment categories may be modified to reflect actual PRS categories