

**SUMMARY: EVALUATION FOR TENURE**

\_\_\_\_\_

Name (Last, First)

Department

\_\_\_\_\_

Present Rank

Date Appointed to Present Rank

\_\_\_\_\_

Date of Appointment as  
Full-Time Faculty at SLU

\_\_\_\_\_

Inclusive Years of Full-Time  
at Other Institutions of  
Higher Education (Instructor  
and above)

\_\_\_\_\_

TOTAL YEARS  
Higher Education,  
Including SLU

\_\_\_\_\_

Highest Earned Degree and  
Discipline/Major in  
Which Earned

TENURE RECOMMENDED  
(Sign and Date)

	Department Faculty	Department Head *	Dean	Provost
YES	   Date:	   Date:	   Date:	   Date:

NO	   Date:	   Date:	   Date:	   Date:
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**\*Department heads should also provide the following information.**

Date(s) of classroom observation(s) by peers and/or department head \_\_\_\_\_

Date candidate met with faculty peer review committee \_\_\_\_\_