**MISSOURI STATE UNIVERSITY**

**REPORT OF DEPARTMENT COMMITTEE**

**CUMULATIVE PROGRESS REVIEW for TENURE and/or PROMOTION TO ASSOCIATE OR FULL PROFESSOR**

*Instructions: This form should be used to evaluate probationary faculty applying for tenure and promotion, and tenured assistant or associate professors who will be applying for promotion only. The evaluation is on a* ***cumulative*** *basis from the time the tenure clock starts, to the time the faculty member goes up for tenure and/or promotion. If applying for promotion only, the window of evaluation is from the time of last promotion to now.* *Note that for Questionable and/or Unsatisfactory ratings the reviewer must provide a rationale and identify specific areas for improvement.*

| **CURRENT YEAR OF FACULTY SERVICE, INCLUDING YEARS OF CREDIT GRANTED TOWARDS TENURE** | **1** | **2** | **3** | **4** | **5** | **OTHER** |  |
| --- | --- | --- | --- | --- | --- | --- | --- |

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial Semester and Year of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year of Anticipated Tenure and/or Promotion Application (Fall Semester): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Tenured Assistant or Associate Professor Applying for Promotion Only, Indicate Number of Years in Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Actions Impacting the Tenure Clock (including years granted toward tenure): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEACHING:

|  |  |  |  |
| --- | --- | --- | --- |
| Cumulative progress toward tenure and/or promotion in the area of teaching (circle): | Satisfactory | Questionable | Unsatisfactory |

RESEARCH:

|  |  |  |  |
| --- | --- | --- | --- |
| Cumulative progress toward tenure and/or promotion in the area of research (circle): | Satisfactory | Questionable | Unsatisfactory |

SERVICE:

|  |  |  |  |
| --- | --- | --- | --- |
| Cumulative progress toward tenure and/or promotion in the area of service (circle): | Satisfactory | Questionable | Unsatisfactory |

OVERALL ASSESSMENT:

|  |  |  |  |
| --- | --- | --- | --- |
| Overall cumulative progress toward tenure and/or promotion (circle): | Satisfactory | Questionable | Unsatisfactory |

**FOR PROBATIONARY FACULTY ONLY:**

**COMMITTEE RECOMMENDS \_\_\_\_\_ or DOES NOT RECOMMEND \_\_\_\_\_\_REAPPOINTMENT TO YEAR \_\_\_\_\_\_\_\_**

**COMMITTEE RECOMMENDS \_\_\_\_\_\_\_or DOES NOT RECOMMEND \_\_\_\_\_\_\_ EARLY PRE-TENURE REVIEW NEXT YEAR (pertains to 1st or 2nd year faculty only; this review is the exception. See note below)**

(see page 2 for Applicant Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Committee Chair Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Member

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Member

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Member

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Member

**I HAVE RECEIVED A COPY OF AND HAVE READ THE ABOVE STATEMENT.**

Comments: (Attach additional pages if necessary)

**SIGNATURE OF APPLICANT DATE**

Note: Deadline for Non-Reappointment (as per University and AAUP Guidelines; see [Faculty Handbook Section 4.6.3](https://www.missouristate.edu/Assets/policy/Faculty-Handbook-08-01-2021-rev-090921.pdf#page=55). Refer to the annual [Calendar for Faculty Evaluation](https://www.missouristate.edu/Provost/FacultyAffairs/FacultyResources/TenureAndPromotion/facultyevalcalendar.htm) for review dates leading up to faculty notification of non-renewal.

| First-year faculty | Continuation of appointment to a second year or notified of non-reappointment by March 1 of the first year. |
| --- | --- |
| Second-year faculty | Continuation of appointment to a third year or notified of non-reappointment by December 15 of the second year of service. |
| Third-year faculty | Continuation of appointment to a fourth year or notified of non-reappointment 12 months before expiration of the appointment. |
| Fourth-year faculty | Continuation of appointment to a fifth year or notified of non-reappointment 12 months before expiration of the appointment. |
| Fifth-year faculty | Continuation of appointment to a sixth year or notified of non-reappointment 12 months before expiration of the appointment. |
| Sixth-year faculty | Tenured or notified of non-reappointment 12 months before expiration of appointment. |