



RECOMMENDATION FOR TENURE

Name		Title:	
Department/Division		Present Range	Date of Present Range
Date Hired	Number of years credit given for probation, including the current academic year		
Home Address			
To be effective			

PERSONAL DATA

To be completed by faculty member; please stay within margins for binding purposes. If more space is needed, please attach a separate sheet.	
1. Degrees, Dates and Institutions Where Earned	
2. Employment History	
3. Summary of Professional Assignments/Activities	
4. Summary of Institutional Committee or Board Assignments/Activities	
5. Summary of Other Assigned Institutional Duties (where applicable)	
6. Summary of Community Activities and Service	
7. Summary of Candidate's Background (≤ 100 words)	

EVALUATION PART 1: TO BE COMPLETED BY TENURE PROBATION COMMITTEE CHAIR

Use criteria contained in NSHE Code and institutional bylaws. If more space is needed, please attach a separate sheet.	
8. Evaluation of Effectiveness in Performing Primary Duties (see NSHE Code, Title 2, 4.4.2a)	
<input type="checkbox"/> Excellent <input type="checkbox"/> Commendable <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
9. Evaluation of Other Professional Activities and Service (see NSHE Code, Title 2, 4.4.2a)	
<input type="checkbox"/> Excellent <input type="checkbox"/> Commendable <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Evaluator Name	Title
Evaluator Signature	Date

EVALUATION PART 2: TO BE COMPLETED BY DIVISION OR DEPARTMENT CHAIR OR OTHER APPROPRIATE SUPERVISOR

Use criteria contained in NSHE Code and institutional bylaws. If more space is needed, please attach a separate sheet.	
10. Evaluation of Effectiveness in Performing Primary Duties (see NSHE Code, Title 2, 4.4.2a)	
<input type="checkbox"/> Excellent <input type="checkbox"/> Commendable <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
11. Evaluation of Other Professional Activities and Service (see NSHE Code, Title 2, 4.4.2a)	
<input type="checkbox"/> Excellent <input type="checkbox"/> Commendable <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Evaluator Name	Title
Evaluator Signature	Date

EVALUATION PART 3: TO BE COMPLETED BY DEAN OR APPROPRIATE ADMINISTRATOR

12. Comments Relative to Recommendation	
Evaluator Name	Title
Evaluator Signature	Date

EVALUATION PART 4: TO BE COMPLETED BY VICE PRESIDENT OF ACADEMIC AFFAIRS

13. Comments Relative to Recommendation	
Evaluator Name	Title
Evaluator Signature	Date

EVALUATION PART 5: TO BE COMPLETED BY TMCC PRESIDENT

Appropriate procedures for evaluation have been followed in compliance with the Nevada System of Higher Education Code. I concur with the above recommendation.	
Comments	
Signature	Date

ADDITIONAL COMMENTS