



RECOMMENDATION FOR TENURE

Faculty Name		Title:	
Department/Division		Date application submitted to Tenure Probation Committee	
Date Hired		Number of years of credit granted toward tenure clock, if any (append documentation)	
Home Address			

PERSONAL DATA

To be completed by faculty member.	
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)

Working Template

Excellent

Commendable

Satisfactory

Unsatisfactory

Use criteria contained in NSHE Code and institutional bylaws. If more space is needed, please attach a separate sheet.

9. Evaluation of Other Professional Activities and Service (see NSHE Code, Title 2, 4.4.2a)

Working Template

Excellent

Commendable

Satisfactory

Unsatisfactory

Evaluator Name

Title

Evaluator Signature

Date

EVALUATION PART 2: TO BE COMPLETED BY FACULTY MEMBER'S IMMEDIATE 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)

Working Template

Excellent

Commendable

Satisfactory

Unsatisfactory

Use criteria contained in NSHE Code and institutional bylaws. If more space is needed, please attach a separate sheet.

11. Evaluation of Other Professional Activities and Service (see NSHE Code, Title 2, 4.4.2a)

Working Template

- Excellent
 Commendable
 Satisfactory
 Unsatisfactory

Evaluator Name	Title
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Evaluator Signature	Date
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EVALUATION PART 3: TO BE COMPLETED BY FACULTY MEMBER'S SECOND-LEVEL SUPERVISOR (IF ANY)

12. Comments Relative to Recommendation

Working Template

12. (continued)

Working Template

Evaluator Name	Title
Evaluator Signature	Date

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

13. Comments Relative to Recommendation

Working Template

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

Working Template