

RECOMMENDATION FOR TENURE

aci	any warne	Title					
Dep	partment/Division	Date application submitted to Tenure Probation Committee					
Date Hired			Number of years of credit granted toward tenure clock, if any (append documentation)				
Hon	lome Address						
PΕ	RSONAL DATA						
То	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 Assignment	ts/Ac	tivities				
5.	Summary of Other Assigned Institutional Duties (where ap	pplica	able)				
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 c	riteria contained in NSHE Code	e and institutional bylaws. I	f more space is needed, ple	ase attach a separate sheet.
8. E	valuation of Effectiveness in Perf	orming Primary Duties (see NS	SHE Code, Title 2, 4.4.2a)	
	☐ Excellent	☐ Commendable	☐ Satisfactory	☐ Unsatisfactory

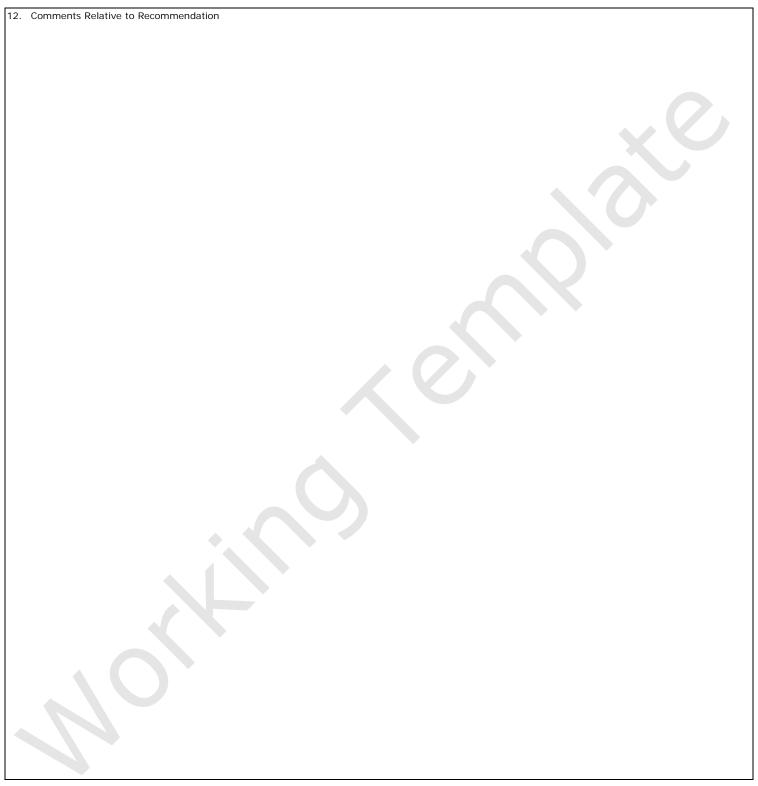
Use	criteria contained in NSHE Code	and institutional hylaws. If	mc	ore snace is needed inlea	ase attach a senarate sheet
	Evaluation of Other Professional Ad				300 anasir a soparato sitosi
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	☐ Excellent	Commendable			☐ Unsatisfactory
Evalu	uator Name			Title	
Evalu	uator Signature				Date

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

Use crite	ria contained in NSHE Code	and institutional bylaws. I	f more space is needed, ple	ase attach a separate sheet.
10. Evalu	ation of Effectiveness in Perfo	orming Primary Duties (see NS	HE Code, Title 2, 4.4.2a)	
	☐ Excellent	☐ Commendable	☐ Satisfactory	☐ Unsatisfactory

Use	criteria c	ontained i	n NSHE Code	e and institutional bylaws.	If mo	ore space is r	eeded, plea	ase attach a separate sheet.	
				ctivities and Service (see NSH				ado antaon a doparato oncon	
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	∏ F	Excellent		☐ Commendable		Satisfactory		☐ Unsatisfactory	
Eval	luator Nam					Title			
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Eval	luator Signa	ature						Date	
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EVALUATION PART 3: TO BE COMPLETED BY FACULTY MEMBER'S SECOND-LEVEL SUPERVISOR (IF ANY)



12. (continued)	
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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

propriate procedures for evaluation have been followed in compliance with the Nevada System of Higher Education Code. I conce e above recommendation.	ır with
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gnature Date	

