

**ABRIDGED REVIEW -
Administrative Form**

YEAR _____

NAME _____ WSU ID# _____

ACADEMIC ____ ANNUAL ____ 10 MONTH ____

DEGREE _____ DEGREE YEAR _____

TITLE _____

COST CENTER _____ PROGRAM _____ % SERVICE _____

DEPARTMENT _____

DATE OF APPOINTMENT TO WSU _____ YEAR OF TENURE CONSIDERATION _____

Rating:

___ Satisfactory or better (comments not required)

___ Less than satisfactory (comments required below)

Comments: (*additional space available on page 2)

(Below comments should focus on areas to be addressed for improvement to become satisfactory)

DEPARTMENT CHAIR'S SIGNATURE

DATE

DEPARTMENT CHAIR'S NAME (TYPED)

Additional Comments:

As the reviewed candidate, my signature indicates that I have received a copy of this review. I understand that I may have a response permanently attached to this review.

EMPLOYEE'S SIGNATURE

DATE

DEAN'S SIGNATURE*

DATE

**The Dean's signature indicates only that the Dean has reviewed this form. It does not necessarily indicate agreement with the conclusions.*

CHANCELLOR'S SIGNATURE*

DATE