

INTENSIVE REVIEW

Administrative Form

Year _____

Name _____ WSU ID _____

Current Rank _____

Pre-Tenure Tenured Career-Track -- Subtrack _____

Academic Annual 10-Month

Full-Time (100% FTE) Part-Time (_____ % FTE)

Campus _____ Degree _____ Degree Year _____

Date of Appointment within Current Track _____ Cost Center¹ _____

Year of Tenure Consideration _____ Program¹ _____

¹Please list the Workday worktags associated with the portion of the faculty member's salary paid with core funds.

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Overall Rating:

Well Prepared (WP). The candidate is building an appropriate profile with a trajectory suitable for promotion and/or tenure.

Satisfactory (S). The candidate appears to be building an appropriate profile but has not yet achieved the standards expected for tenure and/or promotion.

Improvement Needed (IN). The candidate should review the criteria for tenure and/or promotion and the career progress report carefully and seek advice from other faculty in the university and their discipline.

Unsatisfactory (U). The candidate is not on track for promotion and/or tenure.

	Area ^a	Chair/Director	Dean	Chancellor	Provost
Well Prepared					
Satisfactory					
Improvement Needed					
Unsatisfactory					

^aIndicate the number of faculty who provided each recommendation.

Explain in detail the rationale for the ranking provided above. Provide explicit explanation of needed areas of improvement, including an assessment of the likelihood of improvement prior to promotion and/or tenure consideration. Additional comments may be added as an attachment.

As Department Chair/School Director, my signature indicates that this statement reflects my understanding of the collective views of the appropriate faculty of the department (as defined by the *Faculty Manual*) pertaining to the intensive review of this candidate, that these respective members had the opportunity to review this statement before it was shared with the candidate, and that I have met with the candidate to discuss this review.

Department Chair/School Director's Signature

Date

Department Chair/School Director's Name

As Dean, my signature indicates that I have reviewed the form. It does not necessarily indicate agreement with the conclusions.

Dean's Signature

Date

Dean's Name

As Chancellor/VCAA, my signature indicates that I have reviewed the form. It does not necessarily indicate agreement with the conclusions.

Chancellor/VCAA's Signature

Date

Chancellor/VCAA's Name