TO: Deans, Chairs, and Directors

FROM: Daniel J. Bernardo, Provost and Executive Vice President

SUBJECT: Review of Progress Towards Tenure

DATE: December 12, 2016

Please be reminded that a Progress Toward Tenure Review must be performed yearly for each untenured tenure-track faculty member.

The review of progress towards tenure differs from the annual review in that the progress towards tenure requires input from the tenured faculty in the unit, whereas the annual review can reflect the opinion of the Department Chair or Unit Director. The review of progress towards tenure should assess the faculty member's cumulative progress towards tenure. The annual review is solely based on performance in the year in question. Progress Toward Tenure Reviews should be done at the same time of year as the annual review and they should usually lead logically to the final tenure decision. Similar to the annual review, the local supervisor must also be consulted when reviewing the progress of faculty members at distant locations. The progress toward tenure review should be signed by both the Chair and the faculty member. The faculty member has the right to attach a response to the review. The Chair must also discuss the outcome of the review with the untenured faculty member. More information on Progress Toward Tenure Reviews is available in the Faculty Manual Section III D.3.d., http://facsen.wsu.edu/faculty_manual/.

The original of this form should be retained at the college level and a copy should be sent to HRS.

Thank you for your assistance in making sure this important activity is completed in a timely manner.

cc: Human Resource Services
2016-2017 REVIEW OF CUMULATIVE TENURE PROGRESS

NAME ________________________________________________ WSU ID# ______________________________

ACADEMIC _____________________ ANNUAL _____________________ 10 MONTH ____________________

DEGREE _________________________________________ DEGREE YEAR _______________________________

TITLE ________________________________________________________________________________________

PROGRAM __________________________________ BUDGET _________________ % SERVICE _____________

DEPARTMENT ________________________________________________________________________________

DATE OF APPOINTMENT TO WSU ________________ YEAR OF TENURE CONSIDERATION ______________

Please insert a yearly rating on teaching, a yearly rating on research/scholarship/creative activities and a yearly rating on service/outreach on the table below. The following notation should be used:

PS = Progress towards tenure is satisfactory at this time

IR = Some improvement is needed if tenure is to be granted

Sub IR = Substantial improvement is needed if tenure is to be granted

U = Unsatisfactory

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<th>YEAR</th>
<th>TEACHING</th>
<th>RESEARCH/SCHOLARSHIP/CREATIVE ACTIVITIES</th>
<th>SERVICE/OUTREACH</th>
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3RD Year Review Rating

WORK COMPLETED BEFORE JOINING WSU ONLY IF CREDIT HAS BEEN GIVEN FOR THIS WORK IN THE LETTER OF HIRE (Please delete this heading if no credit has been given.)
EVALUATION WEIGHTS ASSIGNED TO THE DUTIES OF TEACHING, RESEARCH/SCHOLARSHIP/CREATIVE ACTIVITIES AND SERVICE/OUTREACH

PROGRESS ON TEACHING AT WSU

PROGRESS ON RESEARCH/SCHOLARSHIP/CREATIVE ACTIVITIES AT WSU

PROGRESS ON SERVICE/OUTREACH AT WSU

OTHER COMMENTS

SUMMARY
As Department Chair, my signature indicates that this statement reflects my understanding of the collective views of the tenured faculty of the department about the progress-towards-tenure of this candidate, that these tenured faculty 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’S SIGNATURE     DATE

______________________________________________________  ____________________________
DEPARTMENT CHAIR’S NAME (TYPED)

As the reviewed candidate, my signature indicates that I have received a copy of this review and have met with the Department Chair to discuss the 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