

CONTRACT FACULTY EVALUATION

Tenure Recommendation Form - Due Friday 11/15/19

Evaluatee: _____ Date: _____

Division: _____ Discipline: _____

Recommendation:

Grant Tenure

Do Not Grant Tenure

Comments:

Signatures:

Evaluatee

Date

Lead Coach

Date

Tenured Division Faculty

Date

Tenured Division Faculty

Date

Deliver original form to the Academic Senate Office