RECOMMENDATION FORM
Tenure and Promotion, Promotion, and Post-Professorial Merit
SOUTHEAST MISSOURI STATE UNIVERSITY

Faculty Member Name  Type Name Here
Department  Type Dept Name Here  College/Unit  Type College/Unit Here

Candidate for  [ ] Tenure and Promotion
               [ ] Promotion
               [ ] Post-Professorial Merit  [ ] No Contract  [ ] Contract

In Teaching Effectiveness, specifically state the reasons why the faculty member meets or fails to meet the departmental criteria. (Expand form as necessary. Committee may insert relevant departmental criteria.)

Type Narrative Here

Based on these reasons, I/we evaluate the faculty member in Teaching Effectiveness as
[ ] Outstanding  [ ] Superior  [ ] Good  [ ] Unacceptable

In Professional Growth, specifically state the reasons why the faculty member meets or fails to meet the departmental criteria. (Expand form as necessary. Committee may insert relevant departmental criteria.)

Type Narrative Here

Based on these reasons, I/we evaluate the faculty member in Professional Growth as
[ ] Outstanding  [ ] Superior  [ ] Good  [ ] Unacceptable

In Service, specifically state the reasons why the faculty member meets or fails to meet the departmental criteria. (Expand form as necessary. Committee may insert relevant departmental criteria.)

Type Narrative Here

Based on these reasons, I/we evaluate the faculty member in Service as
[ ] Outstanding  [ ] Superior  [ ] Good  [ ] Unacceptable
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Candidate for:
[     ] Tenure and Promotion
[     ] Promotion
[     ] Post-Professorial Merit [     ] No Contract [     ] Contract

Action of the Departmental Tenure and Promotion Advisory Committee
[     ] Recommend [     ] Not Recommend

Signatures of the Departmental Tenure and Promotion Advisory Committee
(Expand form as necessary.)

Committee Member Date

⇒ Type Name Here
⇒ Type Name Here
⇒ Type Name Here
⇒ Type Name Here
⇒ Type Name Here