

Faculty Member's Status) Tenure Review FullTimePermanent FullTimeTemporary Parttime

(Be specific in the time limit specified.)

list specific remedial needs or activities, dates for completion to ensure that goals are attained

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |

Actions to be performed by Evaluator (ITRC or Administrator as applicable)  
 (Be specific on how the evaluator will facilitate each remediation activity) listed above

|  |
|--|
|  |
|  |
|  |

|                     |           |       |
|---------------------|-----------|-------|
| _____               | _____     | _____ |
| Faculty Member Name | Signature | Date  |

|  |           |       |
|--|-----------|-------|
| _____                                    | _____     | _____ |
| Supervising Administrator Evaluator Name | Signature | Date  |

|                                     |           |       |
|-------------------------------------|-----------|-------|
| _____                               | _____     | _____ |
| IVC/CCA/CTA/NBA Representative Name | Signature | Date  |

Area VP Name