

MINNESOTA STATE UNIVERSITY, MANKATO

TPD 4

Tenure and Promotion Document

Department Statement

Name of Faculty Member _____

_____ This faculty member has submitted an application for promotion in accordance with the terms of Article 25, Section C, Subd. 1 of the current IFO/MnSC Agreement.

_____ This faculty member has submitted materials for use in tenure review in accordance with the terms of Article 25, Section B of the current IFO/MnSCU Agreement.

_____ This faculty member did not submit any materials for use in tenure review. (Check if applicable and proceed with review and tenure recommendation).

I. Use additional pages to comment on the achievements of the faculty member with respect to each of the five criteria:

II.

A. Demonstrated ability to teach effectively or perform effectively in other current assignments.

B. Scholarly or creative achievement or research.

C. Evidence of continuing preparation and study.

D. Contribution to student growth and development.

E. Service to the University and community.

II. Recommendation(s) of the department (all applicable):

A. On promotion to rank of _____ :

B. On tenure:

In accordance with the current IFO/MnSCU Agreement, department recommendations must be signed and dated by each faculty member who reviewed and approved/not approved this recommendation (Article 20, Section A, Subd. 4). The recommendation must include a written statement from the department personnel committee that includes, but is not limited to, written reasons for the department recommendation. Written reasons for each faculty member's statement must be signed and dated by the person or persons who made said recommendation (Article 5, Section Q).

Use page two for signatures and dates of faculty members participating in the department's recommendation.

Tenure and Promotion Document

TPD 4

Department Statement

Name of Faculty Member _____

Signatures of faculty members participating in the department's recommendation.

Department Members' Signatures:	Date:	Approved	Not Approved
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____