

**UNIVERSITY OF NEVADA SYSTEM
RECOMMENDATION FOR TENURE OR PROMOTION
UNIVERSITY OF NEVADA, RENO
UNIVERSITY OF NEVADA, LAS VEGAS**

NAME: _____ **Present Title:** _____
Present Rank: _____ **Date of Present Rank:** _____
University: _____ **College:** _____
Department: _____

RECOMMENDATION FOR: _____ **To be effective:** _____
_____**PROMOTION OR ASSIGNMENT IN RANK TO:** _____
_____**TENURE**
1. **If already tenured, effective date of award:** _____
2. **If not tenured indicate: (a) Date hired** _____
(b) Number of years given for probation toward tenure including the current academic year: _____

PERSONAL DATA
(To be completed by faculty member)
(Please stay within margins for binding purposes)

1. **Degrees, Dates and Institutions Where Awarded:**

2. **Employment History:**

3. **Teaching Activities:**
Courses Taught Over Evaluation Period

Recommendation for Promotion _____ or Tenure _____

For: _____

4. Professional Papers Presented:

**5. Publications, or Performance or Creative Activities, Where Appropriate
(a) In Refereed Journals:**

(b) Other Professional Publications:

6. Research, Scholarly or Creative Effort in Progress:

Recommendation for Promotion ____ or Tenure ____

For: _____

7. Summary of Institutional Committee or Board Assignments:

8. Summary of Other Assigned Institutional Duties (where applicable):

9. Summary of Public Service Activities:

Recommendation for Promotion _____ or Tenure _____

For: _____

EVALUATION

(To be completed by Department Chairman or other appropriate supervisor,
using criteria contained in University Code, and Institutional Bylaws)

10. Evaluation of Teaching Effectiveness, or if nonteaching faculty, effectiveness in performing assigned duties: (See UCCSN Code 4.4.2a)

_____ Excellent	_____ Commendable
_____ Satisfactory	_____ Unsatisfactory

11. Evaluation of Research Activities: (See UCCSN Code 3.4.2a)

_____ Excellent	_____ Commendable
_____ Satisfactory	_____ Unsatisfactory

12. Evaluation of Other Professional Activities and Service: (See UCCSN Code 3.4.2a)

_____ Excellent	_____ Commendable
_____ Satisfactory	_____ Unsatisfactory

Evaluator: _____
Name Title Date

Recommendation for Promotion _____ or Tenure _____

For: _____

EVALUATION

(To be completed by Dean or appropriate administrator)

13. Recommendation:

Evaluator: _____
Name Title Date

(To be completed by Academic Vice President)

Academic Vice President: _____
Name Date

Appropriate procedures for evaluation have been followed in compliance with the University and Community College System of Nevada Code. I concur with the above recommendation.

President: _____
Name Date