Information Sheet for Retention Review
During Fifth Probationary Year – Short Form

Faculty Name: _____ Department: _____

1. Department Committee Recommendation: We unanimously recommend retention for a sixth probationary year:

☐ Additional comments are attached.
☐ Additional comments are not attached.

_____ _____ _____
Committee Chair Signature Print Name Date

_____ _____
Signature/Date Signature/Date

_____ _____
Signature/Date Signature/Date

Faculty Signature: _____ Date: _____

2. Department Chair/Director Recommendation: I recommend retention for a sixth probationary year:

☐ Additional comments are attached.
☐ Additional comments are not attached.

_____ _____ _____
Signature Print Name Date

Faculty Signature: _____ Date: _____

3. College Dean Recommendation: I recommend retention for a sixth probationary year:

☐ Additional comments are attached.
☐ Additional comments are not attached.

_____ _____ _____
Signature Print Name Date

Faculty Signature: _____ Date: _____

Short Form Instructions

The following materials must be attached to this cover Sheet for those Faculty undergoing their Fifth Year Retention Review in the order shown below:

(1) Information Sheet for Retention Review During Fifth Probationary Year – Short Form
(2) Academic Senate Policy Choice Form (To be completed by all faculty who
    a. have not previously completed this form and were hired prior to Fall 2007 **or**
    b. have chosen the "old" RTP policies)
(3) Candidate's Curriculum Vitae (CV)

Supplemental Materials need not be forwarded to the Office of Faculty Affairs and Professional Development.

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