PHASE II TENURE REVIEW SCHEDULE FORM (3 Quarters: Spr; Fall/Wtr)

*To be completed by Chair, with printed copies to committee members, candidate, and TR Coordinator* ***within 5 days of 1st meeting of Phase*** *(weeks 2-4); if changes or meetings/evaluations added, Chair distributes revision.* Fill in complete form. **DATE:**

**Candidate: Name Department Email Phone Extension**

**Tenure Review Coordinator:**

**Core Committee: Name Email Phone Extension Chair**

* division dean
* div/dept faculty
* div/dept faculty

At-Large Faculty Vice President

***Minimum required meetings: 4***

***Minimum required evaluations: 4 observations (J1); 4 student evaluations (J2)***

Schedule of 4 required meetings

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| Qtr/weeks | Meeting Purpose | Date |
| Spr/wks 2-4 | **Meeting 1**: to review Phase I, set dates for Phase II activities; with candidate, to discuss expectations, dates of evaluations;candidate submits relevant materials for evaluations. (*Or two separate meetings.)* |  |
| Spr/wks 9-10 | **Meeting 2: part 1** closed session to review all evaluations; and **part 2** with candidate to discuss performance/evaluations, offer suggestions for improvement *(Or two separate meetings.)* |  |
| Fall/wks 6-9 | **Meeting 3: part 1** closed session to discuss evaluations, schedule extras; and **part 2** with candidate to discuss performance/evaluations, offer suggestions for improvement.*(Or two separate meetings.)* |  |
| Winter/wk 4 | **Meeting 4: part 1** with candidate to review Fall J2s, performance; and **part 2** closed session to prepare Phase II report. *(Or two separate meetings.)* |  |
| Winter/wk 5 | Meeting or designated member(s) to inform candidate of recommendation |  |
| (extra) |  |  |

Schedule of 4 required observations, ***1 by each committee member*** (Spr/Fall, weeks 4-7)

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| --- | --- | --- |
| Committee Member | Class/Task | Date\****\*****Candidate given date at least 1 wk prior* |
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|  |  |  |
| VP or AVP (Optional) |  |  |
| (extra J1) |  |  |

Schedule of 4 required student evaluations (Spr/Fall, weeks 6-9; ***not*** during same class period as J1)

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| Committee Member | Class/Task | Date\****\*****Candidate given date at least 1 wk prior* |
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|  |  |  |
|  |  |  |
| (extra J2) |  |  |

*Please contact the Tenure Review Coordinator with any questions. (Revised April 5, 2021)*