(10/03)

UNIVERSITY OF WISCONSIN-SUPERIOR

RECOMMENDATION FOR FACULTY RETENTION/NON-RETENTION
(No. 01-1200-02)

Name of Faculty Member_____Rank_____

Department_____ Years in Rank_____

Percent of time in Department_____ Year and Semester of Mandatory Tenure Review_____

The Departmental recommendation is: Date:_____

Retention _____

Non-Retention _____

Tenure _____

Signatures of faculty members participating in making this recommendation:

Concur	Do Not Concur
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

RECOMMENDATION OF THE PROVOST: Attached is the review of performance.

Retention_____

Non-Retention_____

Terminal Year Contract_____

Tenure_____

_____
Provost

Date _____

Cc: Provost (c/o Mary Noyes, Original)
Candidate
Department Chair