

**UNIVERSITY OF WISCONSIN-SUPERIOR  
RECOMMENDATION FOR FACULTY POST-TENURE REVIEW**

Name of Faculty Member \_\_\_\_\_ Rank \_\_\_\_\_  
Department \_\_\_\_\_ Years in Rank \_\_\_\_\_  
Percent of time in Department \_\_\_\_\_ Years of Service \_\_\_\_\_

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**RECOMMENDATION OF THE DEPARTMENT: Attached is the review of performance.**

**COMMENTS:**

Approval \_\_\_\_\_  
Non-Approval \_\_\_\_\_

\_\_\_\_\_  
Signature of Department Chair

Date: \_\_\_\_\_

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

**COMMENTS:**

Approval \_\_\_\_\_  
Non-Approval \_\_\_\_\_

\_\_\_\_\_  
Signature of Provost

Date \_\_\_\_\_

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