Tenure Review Committee (TRC) for

Name of Evaluatee

Pre-Evaluation Meeting			
Date:	Time: Loca		ation:
Committee Members	(of at least two o	ervations different courses when duatee chooses one)	Student Evaluations? (2 required)
1. Member selected by evaluatee (tenured faculty member or ed. manager): Chair? Y N	Course/Section:Date:Time:Location:		☐ Yes ☐ No
2. Member selected by department (tenured faculty member): Chair? Y N	Course/Section:Date:Time:Location:		☐ Yes ☐ No
3. Management representative: Chair?	Course/Section:Date:Time:Location:		☐ Yes ☐ No
Self-Evaluation due		Date:	
Post-Evaluation meeting Part 1 (TRC only) to develop summary and compile portfolio		Date: Time: Location:	
Post-Evaluation meeting Part 2 (with evaluatee)		Date:	