Complete and	ubmit this form to your supervisor with your retention, promotion, and/or tenure
	materials (see checklist below) by
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	ill forward this, along with their memo, to the College/Division office. This form and porting documents must be received in Academic Affairs by
an sup	(Date)
	GROW-YOUR-OWN FACULTY RETENTION CHECK LIST FOR:
Name:	
Current Title:	
ourrent ritie	
Department: _	
	uctions per your department/unit/school personnel committee to create your review
materials whi	n will be forwarded to the Dean's office.
Provost for re Dean's rec Dept. Chai Dept. Pers Vita Summary Scholarshi Other desi	mmendation (If applicable) st Director's recommendation (unless chair votes with faculty) nnel Committee recommendation (with vote) speer evaluations - of non-refereed presentations or publications (if included under undent Evaluations (for a minimum of 3 preceding years) sple materials Individual peer teaching observation reports Summary of results from Student Evaluation of Instruction form since hire Student comments - typed list by course preferred, but back-to-back copies are acceptable Brief self-reflection (no more than two pages) Copies of cover pages only of published work
Material No	Consider the control of the control
• Comple	e articles or books
• Sample	of photographs of works created
• Formati	e evaluations of teaching
OFFICE USE ONLY. PLEASE DO NOT WRITE BELOW THIS LINE	
AVC Rev	ew Date Provost Review Date