

San Jose State University
Retention Form 2016-2017

*Note: This form is for probationary candidates electing to be reviewed under the standards and criteria of either University Policy **S98-8** or **S15-8***

Name _____

Department _____ College _____

Year of appointment _____ Probationary year in 2016-17 _____

Department/School/Division Committee Retention Recommendation:

Retain (number of votes) _____ **Do Not Retain** (number of votes) _____

Absent _____ Abstain _____

Signed: _____ Date: _____

Chair of committee

*N.B.: Department Committee **must** attach statement providing assessment of candidate's progress towards meeting the expectations for tenure and promotion in Academic Assignment, Research/Scholarly/Artistic/Professional Activity, and Service.*

Department chair/School Director Retention Recommendation (if not on committee):

Retain _____ **Do Not Retain** _____ Abstain _____

Signed: _____ Date: _____

Chair of Department

*N.B.: If not a member of the Committee, the Department Chair **must** attach statement providing assessment of candidate's progress towards meeting the expectations for tenure and promotion in Academic Assignment, Research/Scholarly/Artistic/Professional Activity, and Service.*

College RTP Committee Retention Recommendation:

Retain (number of votes) _____ **Do Not Retain** (number of votes) _____

Absent _____ Abstain _____

Signed: _____ Date: _____

Chair of committee

*N.B.: College Committee **must** attach statement providing assessment of candidate's progress towards meeting the expectations for tenure and promotion in Academic Assignment, Research/Scholarly/Artistic/Professional Activity, and Service.*

College Dean's Retention Recommendation:

Retain _____ **Do Not Retain** _____

Signed: _____ Date: _____

*N.B. College Dean **must** attach statement providing assessment of candidate's progress towards meeting the expectations for tenure and promotion in Academic Assignment, Research/Scholarly/Artistic/Professional Activity, and Service.*

University RTP Committee's Retention Recommendation:

Retain (number of votes) _____ **Do Not Retain** (number of votes) _____

Absent _____ Abstain _____

Signed: _____ Date: _____

Chair of committee

*N.B.: University Committee **must** attach statement providing assessment of candidate's progress towards meeting the expectations for tenure and promotion in Academic Assignment, Research/Scholarly/Artistic/Professional Activity, and Service.*

Final decision of Provost (as President's designee): Retain ____ **Do Not Retain** _____

Signed: _____ date: _____

Retention Form

Candidate's Name

Department/ School/ Division Evaluation

Instruction: The Department/ School/ Division Committee should attach here its evaluation of the faculty member's achievement and activity since date of appointment to probationary service or since last promotion. The statement should not summarize the candidate's activity, but express the committee's judgment of its quality and significance. The evaluation statement should address the criteria and standards in the university RTP policy and clearly state the reason for the committee's recommendation, including reasons for dissenting votes.

Signature of Department/School/Division Committee

Members:

Signature – Committee Chair	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Faculty Member:

I have read the Department/School/Division summary and evaluation, and the chair's/director's/division head's letter, if any. My signature indicates neither agreement nor disagreement with the statements made.

Signature _____ Date _____