



**WEBER STATE UNIVERSITY**

College of Social & Behavioral Sciences

**POST-TENURE REVIEW COVER SHEET**

Faculty Name: \_\_\_\_\_

Department: \_\_\_\_\_

Date of Tenure Decision: \_\_\_\_\_

Date of Post-Tenure Interview: \_\_\_\_\_

\_\_\_\_\_ Based on the evidence provided, the faculty member **HAS SATISFIED** the requirements outlined in the College of Social and Behavioral Sciences Post-Tenure Review Policy.

\_\_\_\_\_ Based on the evidence provided the faculty member **HAS NOT SATISFIED** the requirements outlined in the College of Social and Behavioral Sciences Post-Tenure Review Policy. A summary of the reasons why the faculty member has received an unsatisfactory post-tenure review is attached.

College Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Signature:

Department Chair or  
College Ranking Tenure  
Committee Chair: \_\_\_\_\_

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

Signature:

Faculty Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature:

(Implies acknowledgement, not necessarily agreement)