

Candidate's Name \_\_\_\_\_

Department \_\_\_\_\_ College \_\_\_\_\_

Campus/Site \_\_\_\_\_

Evaluator's professional relationship to candidate \_\_\_\_\_

Action Requested

Tenure

Promotion to the rank of \_\_\_\_\_

I  waive  do not waive my right to view this evaluation.

\_\_\_\_\_  
Signature of Candidate

The above named Troy University faculty member has selected you to provide information about his/her qualifications for tenure and /or promotion, as indicated above. Please provide below (*Continue on the reverse side of this form if necessary*) your evaluation of the candidate's qualifications.

Please print or type your name \_\_\_\_\_

Signature \_\_\_\_\_ position \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please mail this form to:

\_\_\_\_\_, Dean, Troy University, Troy, AL 36082