

School/Department/Unit:	
Faculty Name (Last, First Middle):	
Year of Initial Faculty Appointment:	Date Tenure Awarded:
Present Academic Rank:	Date Rank Awarded:
Last Institute Review:	Date of Last Review:
Outcome of Last Review:	
Workload/Review Criteria (e.g., % research, % teaching, % service):	

**Professional Leaves (only list those occurring since last promotion/PTR review)**

Dates (Starting and Ending)	Institution and Purpose of Leave (Full or Partial)
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**PTR Committee Vote Count: Note that an overall determination of “Unsuccessful” necessitates a designation of which specific area(s) were determined to be unsuccessful (whether research, teaching, and/or service).**

	Successful # Votes	Unsuccessful # Votes	Comments/Notes
<b>Overall Determination</b>			
<b>For an “Unsuccessful” PTR, indicate separate vote tallies for each review area.</b>			
<b>Research</b>			
<b>Teaching</b>			
<b>Service</b>			

Names of PTR Committee Chair	Date
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Chair: \_\_\_\_\_

Names of PTR Committee Members
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Member: _____	Member: _____
Member: _____	Member: _____
Member: _____	Member: _____
Member: _____	Member: _____
Member: _____	Member: _____
Member: _____	Member: _____
Member: _____	Member: _____