GEORGIA INSTITUTE OF TECHNOLOGY
Georgia Tech Faculty Handbook Section 3.3.9

POST-TENURE REVIEW REPORT FORM FOR AN UNSUCCESSFUL REVIEW

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)

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
Overall Determination			
For an "Unsuccessful" PTR, indicate separate vote tallies for each review area.			
Research			
Teaching			
Service			

Names of PTR Committee Chair	**Date**
Chair:	

Names of PTR Committee Members

Member:	Member:
Member:	Member:
Member:	Member:
Member:	Member:
Member:	Member:
Member:	Member:
Member:	Member: