Central Connecticut State University
UNIVERSITY SENATE ACTION

Senate Motion Number FS 17.18.004B

TO: President Zulma Toro
FROM: President of the University Senate

1. The attached motion of the University Senate, dealing with: Promotion and Tenure Form for Teaching Faculty is presented to you for your consideration.

2. This motion was adopted by the University Senate on 09/25/2017.

3. After considering this motion, please indicate your action on this form, and return it together with the original copy to the President of the University Senate.

4. Under the By-Laws of the University Senate, Section 3.7, the following schedule of action is to be observed.

   a) By 10/10/2017, Senate action reported to the President of the University. (Within five school days of the session in which they are adopted).

   b) By 10/24/2017, the President of the University to return the motion to the President of the Senate. (Within ten school days of its receipt).

   10/10/2017   ________________________________
   Date        Stephen Cohen, President, University Senate

ENDORSEMENT:

TO: President of the University Senate
FROM: President Zulma Toro

1. Motion Approved:✔

2. Motion Disapproved:________________ (Explanatory statement must be appended).

3. Action "is deferred":________________

4. Resolution Noted:________________

5. Other:________________

   10/28/2017   ________________________________
   Date        President Zulma Toro
EVALUATION AND RECOMMENDATION FOR RENEWAL, TENURE, PROMOTION OR PROFESSIONAL ASSESSMENT

For each category of evaluation and recommendation, one (1) original signed by the DEC and faculty member evaluated and two (2) copies of the signed original.

I. DATA:

Faculty Member ____________________________ Date _________________

Department ____________________________

Professional Assessment:  
☐ Years of Service at CCSU

Promotion:  
☐ Years of Service at CCSU and at other universities

Renewals:  
☐ Years of Service at CCSU

Tenure:  
☐ Years at CCSU and credited years granted at initial appointment

Present Rank ____________________________ Years at Present Rank _________________

Requested Rank ____________________________

Type of recommendation:  
☐ Renewal

Type of Evaluation:  
☐ Annual (for non-tenured faculty)

☐ Promotion

☐ Tenure

☐ Professional Assessment (Sexennial for tenured faculty)

Eligibility for Promotion:  
☐ Appropriate degree and specified years in rank

☐ 10 years in current rank (Article 5.4)

☐ Substantially comparable credentials and/or experience (Article 5.3.5)

II. EVALUATION INSTRUCTIONS (Article 4.11.9)
The criterion for evaluating and recommending full-time members shall be the quality of activity, including keeping current in one’s field, within each of the categories listed below, weighed in the order listed:

1. Load credit activity for which the member receives load credit or the equivalent, e.g. one or more of the following; teaching, coaching, counseling, department chairperson, division director, library service, research, student supervision, or any other function specified in the letter of appointment or subsequent extension or modifications of such appointment, or identified in a letter of agreement.

2. Creative activity appropriate to one’s field, such as delivering papers at professional conferences, production/performance of artistic works, research, study, and publication

3. Productive service to the department and university

4. Professional activity; e.g. attendance and participation in conferences and workshops, membership service in appropriate professional organizations and professional activity in the community.

5. Years in rank.

6. Record of any disciplinary action in the member’s personnel file at the time of the evaluation.
III. EVALUATION NARRATIVE: COMPLETE FOR ALL EVALUATIONS AND RECOMMENDATIONS. In the Evaluation Narrative, address each of the categories listed in Section II of this form. The fifth category, years in rank, applies only to the promotion recommendation.

See attached

IV. RECOMMENDATION (For Renewal, Tenure and/or Promotion)

Departmental Evaluation Committee: (Please type names and sign at right)  

_________________________________________________________  Date

_________________________________________________________

_________________________________________________________

_________________________________________________________

Faculty Member Acknowledges Receipt of this Evaluation:

_________________________________________________________

Within five (5) working days, the faculty member evaluated may append comments which will be attached to this report.

Reviewed by  ___________________________________________  ____________________

(Name/Title)

Reviewed by  ___________________________________________  ____________________

(Provost)
NAME:

INVENTORY OF DOCUMENTS CONSIDERED FOR:

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