

CALIFORNIA STATE UNIVERSITY, LONG BEACH
DEPARTMENTAL RETENTION, TENURE AND/OR PROMOTION
EVALUATION AND RECOMMENDATION FORM

ACADEMIC YEAR _____

COLLEGE OF BUSINESS ADMINISTRATION

(Candidate's Name)

(Department)

Consideration for (check appropriate designation):

Retention Tenure Promotion

Department Retention, Tenure and/or Promotion
Evaluation and Recommendation Form
College of Business Administration
(Use additional sheets as appropriate)

Candidate's Name

The DEPARTMENT RTP COMMITTEE (not the faculty member) should present here and on the following pages a clear and succinct summary of the major activities and achievements of the faculty member, which are deemed of major importance by the Department. For retention, tenure, or initial promotion, include activities since the beginning of the probationary period (including prior service credit.) For subsequent candidates for promotion, include activities since the last promotion at CSULB. The amount of space provided for each item is not necessarily indicative of the expected length of the comments/evaluations to be provided.

I. NATURE OF ACADEMIC ASSIGNMENT:

- A. Indicate courses taught and areas of special competence (INCLUDE DESCRIPTION OF NATURE AND SCOPE OF OTHER ASSIGNMENTS DURING THE PERIOD UNDER REVIEW, AS APPLICABLE).

II. INSTRUCTION AND INSTRUCTIONALLY RELATED ACTIVITIES

- A. Department RTP Committee Peer Evaluation of Effectiveness in Instruction and Instructionally Related Activities (Evaluate the candidate's effectiveness in terms of the four dimensions indicated below. PLEASE DESCRIBE THE BASIS FOR THIS EVALUATION (e.g., evidence considered, methods of evaluation).
1. Pedagogical Approach and Method (Include evaluation of such indicators as quality of course materials and methods and appropriateness to courses taught, standards and criteria for grading, etc. Include summary of RESULTS OF PEER EVALUATION OF TEACHING, if available.

Candidate's Name

- (b) Analysis of Student Evaluation Data (Consider candidate's means on other questions as they relate to instructional effectiveness.)

 - (c) Other Student Input

- 3. Ongoing Professional Development as a Teacher (Include evaluation of evidence of candidate's efforts to produce continuous improvement in instructional effectiveness.)

- 4. Ongoing Professional Development in the Discipline (Include evaluation of evidence of candidate's efforts to keep abreast of discipline or, if appropriate, interdisciplinary developments.)

Candidate's Name

(3) Evaluation of applied research or professional activity that uses theory and/or knowledge of the discipline(s) to advance knowledge

(4) Evaluation of other peer-reviewed activities that enhance scholarly/creative achievement

IV. PROFESSIONAL SERVICE

A. Evaluation of Collegial Participation and/or Leadership in Department, College, and/or University Service
(Include evaluation of evidence indicating the quality of such service.)

B. Evaluation of Community Service: (Include evaluation of evidence indicating the quality of such service.)

Candidate's Name

C. Evaluation of Professional Service (Include evaluation of evidence indicating the quality of such service.)

V. **DEPARTMENT RECOMMENDATION:** The Department Committee should state here its evaluation of the faculty member's achievements and activities since date of appointment to probationary service or since last promotion. **THE STATEMENT SHOULD NOT SUMMARIZE THE CANDIDATE'S ACTIVITIES, BUT EXPRESS THE COMMITTEE'S JUDGMENT OF THE QUALITY AND SIGNIFICANCE OF THE CANDIDATE'S PERFORMANCE AND CONTRIBUTIONS IN RELATION TO THE DEPARTMENT'S CRITERIA FOR RETENTION, TENURE, AND/OR PROMOTION, AS APPROPRIATE.**

Candidate's Name

SIGNATURE PAGE

SIGNATURES OF DEPARTMENT COMMITTEE MEMBERS:

Committee Chair Signature

Date

Print Name

Committee Member Signature

Date

Print Name

Committee Member Signature

Date

Print Name

Committee Member Signature

Date

Print Name

Committee Member Signature

Date

Print Name

Committee Member Signature

Date

Print Name

COMMITTEE VOTE: **Date** _____

Affirmative _____ **Negative** _____ **Minority report attached** _____

SIGNATURE OF CANDIDATE:

I have read the Department summary and evaluation, the Chairman's recommendation (if any), and the accompanying dossier and to the best of my knowledge the file is complete and includes supportive documentation as cited by the RTP Committee. My signature indicates neither agreement nor disagreement with the statements made.

Signature

Date

I have read the minority report(s), if any. My signature indicates neither agreement nor disagreement with the statements made.

Signature

Date