

CALIFORNIA STATE UNIVERSITY, LONG BEACH

**DEPARTMENTAL RETENTION, TENURE AND/OR PROMOTION  
EVALUATION AND RECOMMENDATION**

**COLLEGE OF THE ARTS**

**ACADEMIC YEAR** \_\_\_\_\_

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(Candidate's Name)

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(Department)

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Consideration for (check appropriate designation):

\_\_\_\_ Retention    \_\_\_\_ Tenure    \_\_\_\_ Promotion

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

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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 IDENTIFY ESSENTIAL AND ENHANCING CRITERIA MET AND DESCRIBE THE BASIS FOR THIS EVALUATION.
1. Pedagogical Approach and Method; Course Preparation and Expertise. (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.)



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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.)

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Candidate's Name

### III. SCHOLARLY AND CREATIVE ACTIVITIES

EVALUATE ONLY THOSE ACTIVITIES SINCE BEGINNING OF PROBATIONARY PERIOD OR SINCE DATE OF LAST PROMOTION. 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 (For promotion consideration, no material prior to the date of last promotion is to be included in the file for evaluation.) ACTIVITIES ARE TO BE EVALUATED RATHER THAN JUST LISTED. Copies or abstracts of all materials cited are to be included in the candidate's RTP file.

A. Essential Criteria (Evaluate evidence of candidate's engagement in an ongoing program of scholarship or creative activity that demonstrates intellectual and professional growth, including DISCUSSION OF WORK IN PROGRESS, as applicable.)

B. Enhancing Criteria (Evaluate evidence that the candidate has been engaged in activities that are considered by the department to be Enhancing criteria@ in the area of Scholarly and Creative Activities.)

(1) Evaluation of publications, creative productions, and/or software contributions

(2) Evaluation of contributions in editorial and/or reviewing assignments

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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 and identify essential and enhancing criteria met.)

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.

**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

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COMMITTEE VOTE:      Date \_\_\_\_\_

Affirmative \_\_\_\_\_      Negative \_\_\_\_\_      Minority report attached \_\_\_\_\_

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**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