

Form 2
University of Wisconsin-Platteville
Post-Tenure Review

Name: _____ Department: _____

Year that Tenure was granted: _____ Year of Previous Post-Tenure Review: _____

Summary of Evaluations since the time of Tenure or the previous Post-Tenure Review

Peer Evaluations

Teaching Effectiveness						Scholarly and Professional Activities					
Year	Low	Below Normal	Normal	Above Normal	Out-standing	Year	Low	Below Normal	Normal	Above Normal	Out-standing

University Service						Community Service (<i>if separate</i>)					
Year	Low	Below Normal	Normal	Above Normal	Out-standing	Year	Low	Below Normal	Normal	Above Normal	Out-standing

Student Evaluations

Teaching Effectiveness					
Year	Low	Below Normal	Normal	Above Normal	Out-standing