**PERALTA COMMUNITY COLLEGE DISTRICT**

**Tenure Track Evaluation CERTIFICATION FORM**

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|  |  |  |  |
| **Tenure Candidate Name** | **College** | **Academic Year** | **Discipline** |

The TRC has determined the following overall performance rating

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|  | | | | **Superior***—surpasses requirements; exceeds expectations* | |
|  |  |  | | **Satisfactory***—meets all standards of excellence as described in the policy* | |
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|  | | | | **Below Standards**—*does not consistently meet requirements* | |
|  | | | | **Unsatisfactory**—*does not meet requirements; ineffective* | |
| **The TRC makes the following recommendation for this probationary faculty member** | | | | | |
|  | | | | **Continue Probation** | |
|  | | | | **Termination of Service** | |
|  | | | | **Grant Tenure-***4th Year Candidates Only* | |
| **SIGNATURES** | | | | | |
|  | | | | |  |
| **TRC/EC Chair** | | | | | **Date** |
|  | | | | |  |
| **TRC/EC Member** | | | | | **Date** |
|  | | | | |  |
| **TRC/EC Member** | | | | | **Date** |
|  | | | | |  |
| **Dean/Supervisor** | | | | | **Date** |
|  | | | | | |
| *The College Tenure Facilitator hereby certifies that the rules and regulations governing the tenure review process have been essentially adhered to.* | | | | | |
|  | | | | |  |
| **Tenure Facilitator** | | | | | **Date** |
|  | | | | | |
| *The College Tenure Review Certification Committee hereby certifies that the TRC has followed the required procedures and timetables, and applied the expected standards, of evaluation for Tenure Review.* | | | | | |
|  | | | | |  |
| **Vice President of Instruction** | | | | | **Date** |
|  | | | | |  |
| **Faculty Senate President** | | | | | **Date** |
|  | | | | | |
| *The College President makes the following recommendation\* for this probationary faculty member* | | | | | |
|  | |  |  | **Continue Probation** | |
|  | |  |  | **Termination of Service** | |
|  | |  |  | **Grant Tenure-***4th Year Candidates Only* | |
| \*If President’s recommendation differs from TRC recommendation, attach separate sheet/memo stating reason(s). | | | | | |

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| **College President** | **Date** |