Name:       Title:

Department/Division:       Date Employed at GBC:

Years of service in tenure-track position:

Years credited for previous experience:       Tenure Effective Date:

**PERSONAL DATA**

(To be completed by faculty member)

1. Degrees, Dates and Institutions Where Earned:
2. Employment History:
3. Summary of Professional Assignments:
4. Summary of Institutional Committee or Board Assignments:
5. Summary of Other Assigned Institutional Duties (where applicable):
6. Summary of Community Activities and Services:

Applicant’s Signature: Date:

**RECOMMENDATION FOR TENURE**

(To be completed by Tenure Committee Chair and Members)

1. Evaluation of Effectiveness in Performing Primary Duties (NSHE *Code* 4.4.2a):

 [ ]  Excellent [ ]  Commendable [ ]  Satisfactory [ ]  Unsatisfactory

 Comments:

1. Evaluation of Other Professional Activities and Service (NSHE *Code* 4.4.2a):

 [ ]  Excellent [ ]  Commendable [ ]  Satisfactory [ ]  Unsatisfactory

 Comments:

Tenure Committee Chair:

Signature Date

Tenure Committee Member:

Signature Date

Tenure Committee Member:

Signature Date

**EVALUATION**

(To be completed by Vice President for Academic Affairs)

1. Comments relative to foregoing recommendation:

VPAA:

Signature Date

Appropriate procedures for evaluation have been followed in compliance with Nevada System of Higher Education *Code* I concur with the above recommendation.

President:       Signature Date