COLLEGE OF THE CANYONS REPORT OF TENURE REVIEW COMMITTEE

Name of Evaluatee:				
Semester # in Tenure Process: (Complete corresponding section below)				
Date of Initial Conference:				
	ference:			
Date of Schester Review Con				
Names of Committee Members:				
Chair:				
Peer Evaluator:				
Administration Evaluator:				
The following have been attac				
	Self Evaluation			
	Chair Evaluation \Box Remediation Plan (if applicable)			
Zero Semester				
(Spring Hire Only)	Full Evaluation Recommendation:			
	 Continue Continue with reservations (Remediation Plan required) 			
	Terminate employment			
1 st Semester	Full Evaluation			
(Fall)	Recommendation:			
	Continue with reservations (Remediation Plan required)			
	Terminate employment			
2 nd Semester	Full Evaluation Recommendation:			
(Spring)	□ Continue			
	 Continue with reservations (Remediation Plan required) Terminate employment 			
3 rd Semester (Fall)	Full Evaluation Recommendation:			
	☐ Hire for 2 years			
	 Optional evaluation in the fourth semester by decision of the evaluation committee. Not to rehire 			
	 Mandatory evaluation required in the fourth semester unless the evaluate waives the evaluation in writing. 			
4 th Semester	Evaluation Recommendation:			
(Spring)	Continue			
	Continue with reservations (Remediation Plan required)			
5 th Semester	Full Evaluation			
(Fall)	Recommendation:			
	 Optional evaluation in the sixth semester by decision of the evaluation committee. Continue with reservations (Remediation Plan required) 			
	 Mandatory evaluation required in the sixth semester. 			

6 th Semester (Spring)	Evaluation Recommendation: Continue Continue Continue with reservations (Remediation Plan required)
7 th Semester (Fall)	Full Evaluation Recommendation: Grant tenure Optional evaluation in the eighth semester by decision of the evaluation committee. Terminate employment Mandatory evaluation required in the eighth semester unless the evaluatee waives the evaluation in writing.
8 th Semester (Spring)	Evaluation Recommendation: Confirm granting of tenure Confirm termination of employment
Signature of Committee Chair	Date

Signature of Committee Chair	Date	
Signature of CIO/CSSO	Date	
Recommendation sent to Chancellor	Date	
Received by Human Resources Department	Date	