THIRD YEAR REVIEW

TO BE COMPLETED BY THE DEPARTMENT or ACADEMIC UNIT PROMOTION & TENURE COMMITTEE

Note: All Promotion & Tenure materials must be submitted electronically to kenrick@njit.edu. A shared Google drive is preferred.

NAME: ________________________________    DEPARTMENT:__________________________

PRESENT RANK:_______________________________

4.3.6.2 Third Year Review
During the third year of the TTP, the Department P&T Committee carries out an intensive, documented review of a Faculty member’s progress toward tenure and promotion. The Third Year Review evaluates all aspects of a Faculty member’s professional activities and accomplishments and is similar to a tenure review during the period of Tenure Eligibility, except that no reference letters are sought from outside or inside the university. The Faculty member under review shall be formally apprised of the results of the Third Year Review by the Department Chairperson, who sends the written review to the Dean of the College, who forwards it to the Provost. (Faculty Handbook, Spring 2016)

The following shall be addressed in a separate memo, 2 pages maximum, and submitted with this completed form:

1. Describe specifically the candidate’s past contributions to the department or school and the university. Is the candidate making acceptable progress toward promotion and/or tenure as described in the Faculty Handbook?

2. In what specific ways may the candidate be expected to contribute to the long range goals of the department or school and the University?

Candidate Signature _____________________________________ Date _________________
(To be signed once the review has been shared with the candidate)
CONFIDENTIAL

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This form is to be kept confidential and only to be shared with the Dean and Provost.

NAME: ________________________________    DEPARTMENT:__________________________

PRESENT RANK:__________________________________________________________

Department Recommendation (attach any minority recommendations):

Number favoring recommendation ___    Number not favoring recommendation ___

Number of abstentions __________    Number of absences______________

Conditions (if any)________________________________________________________

Chair’s vote__________________

Chair’s signature __________________________  Date ____________

Final Disposition________________________________________________________