

Kean University

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2020

### 2nd-6th Year Committee Signature Document

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KEAN UNIVERSITY

**DEPARTMENTAL EVALUATION AND RECOMMENDATION  
FOR FACULTY REAPPOINTMENT**

*(use "Tab" key from one box to another)*

Date this form submitted to College Retention & Tenure Committee				
Name of Candidate				
Current Faculty Rank				
College				
Department				
Date of Initial appointment				
<b>Candidate is currently in</b>				
(place an <b>X</b> in box below appropriate year) probationary year of teaching at Kean:*				
2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>
<b>Departmental Recommendation</b>				
(Department Chair to place appropriate 'X' in one right-hand and one left-hand column):				
Reappointment			Involving Tenure	
Non-Reappointment			Not Involving Tenure	

<b>Signatures** of Departmental ARTP Committee Members (All must sign)***</b>			
	Signature	Name (typed)	Faculty Rank (typed)
Chairperson			
Member			
Member			
Member			
Member			
Member			
Member			
Member			

\*The Commission on Higher Education requires that "For persons hired after January 1, 1986 who do not hold the appropriate terminal degree or its equivalent, no reappointment shall be made to the fourth year unless the board of trustees ... determines that for rare and exceptional reasons reappointment is necessary to support the mission of the (institution)."  
(Source: NJAC 9:1-1.8 (f). Formerly 17 NJR 1299.)

\*\*A form providing a typewritten transcript of these signatures follows on next page.

\*\*\*Signatures are required to indicate membership of Departmental ARTP Committee and to make its recommendation official. Signatures should not be assumed to indicate agreement or disagreement with ARTP Committee's recommendation. In case of disagreement, a signed minority report also may be submitted.



1. **Vote Tally (Optional) for Departmental ARTP Committee's Recommendation**

Although recording the Departmental ARTP Committee vote tally is optional under present procedures, doing so will provide a better understanding of how the ARTP Committee evaluated the evidence supporting its recommendation.

	#		#
Affirmative votes		Negative votes	

2. **Description of Student Membership on Departmental ARTP Committee**

Number of student members		#
Method of selection of student members (appointed or elected? by whom?), please create one entry below for each student. <i>(use "Tab" key from one box to another)</i>		
Name of Student	Appointed or Elected?	By whom?

**Checklist for Chairpersons**

(Each item below should be checked off (X), certifying completion of the activity and inclusion of appropriate documentation in this file, before forwarding the file to the College RT Committee.)

"X" Below

a.	Written observations of candidate's classroom teaching by <u>three members of the Departmental ARTP Committee</u> , one of whom must be the chairperson	
b.	<u>Summary forms</u> for SIR II's of two class sections	
c.	If terminal degree is not completed:	
	Current transcripts of graduate work	
	Statement from graduate advisor on present status (Both items must be included in this file.)	
d.	Candidate has initialed and dated all pages in file	
e.	Candidate has signed the acknowledgment page (p. 5)	

<b>Signature of Chairperson</b>	<b>Date</b>
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