

**University of Tennessee Health Science Center**  
**Summary of the INTERIM PROBATIONARY REVIEW of Tenure-Track Faculty**  
**For the time period of January 1, 2022 - December 31, 2023**

**Form 2**

Name _____	Rank _____
Department _____	Personnel Number _____
College _____	Tenure Review Date _____

1. Date of Interview between Chair and Faculty Member \_\_\_\_\_
2. Is the Chair's (or responsible supervisor's) narrative summary, based upon the goals & expectations agreed upon for the current probationary evaluation period attached?
 

Yes _____	No _____
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Does the narrative summary contain a statement about the review by the tenured departmental or divisional faculty or CPT Committee?

Yes _____	No _____
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Does the narrative include a statement of Chair's (or responsible supervisor's) opinion regarding progress toward tenure consideration?

Yes _____	No _____
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Is the letter from the departmental or divisional tenured faculty or the CPT Committee attached?

Yes _____	No _____
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3. Is the faculty member's progress toward tenure satisfactory?
 

Yes _____	No _____
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4. Chair's interview summary and evaluation was provided to the faculty member on \_\_\_\_\_
5. Is faculty member's optional response to the Chair's evaluation attached?
 

Yes _____	No _____	N/A _____
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6. Overall cumulative performance rating for the ENTIRE Interim Probationary Period to date:

Rating (in relation to progress towards tenure)	Faculty Member	Chair
EXCEEDS EXPECTATIONS FOR RANK	_____	_____
MEETS EXPECTATIONS FOR RANK	_____	_____
NEEDS IMPROVEMENT FOR RANK	_____	_____
UNSATISFACTORY FOR RANK	_____	_____

7. We have discussed the contents of this document. By signing below, I acknowledge that I have participated in the review process and have received a copy of this review (*without implying agreement or disagreement*). I understand that I have the right to disagree with this evaluation and to respond in writing within five days from the date I received this form.

\_\_\_\_\_  
Faculty Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair (or responsible supervisor)

\_\_\_\_\_  
Date

\* Requires Form 9: Annual Review Improvement Template to be attached.

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|----------------------|------------------------|---|
| <b>Distribution:</b> | Faculty Member         | 1 - Chair's narrative summary of previously established academic goals      |
|                      | Department Files       | 2 - Letter from tenured departmental or divisional faculty or CPT Committee |
|                      | Dean                   | 3 - Faculty member's response (optional)                                    |
|                      | Chief Academic Officer | 4 - Form 9: Annual Review Improvement Template (if required)                |

**Order of Attachments:**