

Post-Tenure Review Survey Form for 2023-24

(return to Sherry Gray at swgray@uga.edu by Friday, April 12, 2024)

Department:	
Yo	ur Name:
Your Email:	
Yo	ur Phone Number:
1.	Total number of tenured faculty
2.	Number of Associate Professors reviewed this year (2023-2024) (If none, please enter zero)
3.	Number of Professors reviewed this year (2023-2024) (If none, please enter zero)
4.	Total number of faculty tentatively scheduled for review next year (2024-2025) (If none, please enter zero)
5.	Estimated number of faculty who resigned or retired this year rather than undergo review: (If none, please enter zero)
6.	Number of faculty receiving satisfactory reviews: (If none, please enter zero)
7.	Number of faculty receiving unsatisfactory reviews: (If none, please enter zero)
8.	Number of improvement plans required by faculty receiving unsatisfactory reviews: (If none, please enter zero)
9.	Number of faculty making progress toward or achieving improvement objectives from previous year (2022-2023): (If none, please enter zero)
10.	Number of faculty NOT making progress toward or achieving improvement objectives from previous year (2022-2023): (If none, please enter zero)
11.	Number of cases where sanctions were invoked because of unsatisfactory performance improvement from previous year (2022-2023): (If none, please enter zero)
12.	If sanctions were invoked, specify the kinds of sanctions: