

Evaluation Form A

IMPERIAL VALLEY COLLEGE INDIVIDUAL TENURE REVIEW COMMITTEE MEMBERSHIP

TO: Vice President for Academic Services/Vice President for Student Services

FROM: Individual Tenure Review Committee for _____
Candidate

DATE: _____

The Candidate began Tenure Review: _____
Month/Year

_____ **Original Membership**

_____ **Revised Membership**

As of the date above, the Individual Tenure Review Committee for the candidate consists of the following individuals:

ITRC Chair Mark the appropriate box indicating the chair of the committee.

Department Chair or Faculty Designee Name Signature

Administrative Member Name Signature

Peer Faculty Member Name Signature

Candidate Name Signature