

**CALIFORNIA STATE UNIVERSITY, FRESNO**  
**RETENTION FORM AND APPLICATION**  
(WPAF Binder, Section 4 / Process separately if candidate is subject to Off-Year Review)

**SECTION I: GENERAL INFORMATION**

Faculty Member's Name: \_\_\_\_\_

College/School: \_\_\_\_\_

Department: \_\_\_\_\_

Application for:

Additional Probationary Year

Current Review year is:     2<sup>nd</sup>     3<sup>rd</sup>     4<sup>th</sup>     5<sup>th</sup>     6<sup>th</sup> (requesting 7<sup>th</sup>)

**SECTION II:**  
**Department Peer Review Committee Recommendation for Additional Probationary Year (APY)**

After thorough review of the WPAF, and based on the requirements in the approved probationary plan, the committee has voted and makes the following recommendation:

Record vote on recommendation for Additional Probationary Year	Record recommendation on Making Normal Progress
Number of votes for Additional Probationary Year:	<input type="checkbox"/> Yes, candidate is making normal progress.  <input type="checkbox"/> No, candidate is not making normal progress.
Number of votes for non-retention or a Terminal Year:	

**SIGNATURES:**

\_\_\_\_\_  
Review Committee Chair's Name (Typed)                      Signature    Date

\_\_\_\_\_  
Department Chair's Name (Typed)                      Signature (if sitting as member of committee only)    Date

\_\_\_\_\_  
Committee Member's Name (Typed)                      Signature    Date

\_\_\_\_\_  
Committee Member's Name (Typed)                      Signature    Date

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Committee Member's Name (Typed)                      Signature    Date

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Committee Member's Name (Typed)                      Signature    Date

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Committee Member's Name (Typed)                      Signature    Date

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Committee Member's Name (Typed)                      Signature    Date

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Committee Member's Name (Typed)                      Signature    Date

**ADD ADDITIONAL SIGNATURE SHEETS IF NECESSARY**

**RETENTION RECOMMENDATION FORM**  
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Faculty Member's Name: \_\_\_\_\_

<b>SECTION III: Department Chair's Recommendation for Additional Probationary Year</b>	
<input type="checkbox"/> The Department Chair is NOT making an independent recommendation.	
After thorough review of the WPAF, and based on the requirements in the approved probationary plan the department chair makes the following recommendation:	
<b>Record recommendation for Additional Probationary Year</b>	<b>Record recommendation on Making Normal Progress</b>
<input type="checkbox"/> Additional Probationary Year  <input type="checkbox"/> Non-retention or a Terminal Year:	<input type="checkbox"/> Yes, candidate is making normal progress. <input type="checkbox"/> No, candidate is not making normal progress.

Signature certifies that the above recommendation and the attached written evaluation represent the recommendation of the department chair.

\_\_\_\_\_  
Department Chair's Name (Typed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPLICANT'S ACKNOWLEDGEMENT:**

I have received a copy of this form and the attached written recommendation of the department peer review committee and, if the department chair made a separate recommendation, a copy of the department chair's written recommendation as well.

I realize that signing this form does not necessarily mean that I agree with the recommendation of the department peer review committee and/or the department chair.

I have had an opportunity to review the recommendations, and I am aware that I may submit a response or rebuttal statement to the chair of the college/school peer review committee and the dean. I realize that I have ten days to respond before my WPAF moves to the next level of review and that my response or rebuttal will be incorporated into **Section 6** before it moves forward. I understand that my rebuttal MUST be submitted 10 days from the recommendation for 2<sup>nd</sup>, 3<sup>rd</sup> OYR or Full, 5<sup>th</sup> OYR submit by 5pm on deadline.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Place this form in Section 4 and place written recommendations in Section 5. Place items in Section 4 and 5 in chronological order (oldest date on top.) For Off Year Review (OYR) faculty, send this form to the next level of review with file.**

**RETENTION RECOMMENDATION FORM**

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Faculty Member's Name: \_\_\_\_\_

<b>SECTION IV: College/School Peer Review Committee Recommendation for Additional Probationary Year</b>	
After thorough review of the WPAF, and based on the requirements in the approved probationary plan, the committee has voted and makes the following recommendation:	
<b>Record vote on recommendation for Additional Probationary Year</b>	<b>Record recommendation on Making Normal Progress</b>
Number of votes for Additional Probationary Year:	<input type="checkbox"/> Yes, candidate is making normal progress. <input type="checkbox"/> No, candidate is not making normal progress.
Number of votes for Non-retention or a Terminal Year:	

**SIGNATURES:**

_____ Review Committee Chair's Name (Typed)	_____ Signature	_____ Date
_____ Committee Member's Name (Typed)	_____ Signature	_____ Date
_____ Committee Member's Name (Typed)	_____ Signature	_____ Date
_____ Committee Member's Name (Typed)	_____ Signature	_____ Date
_____ Committee Member's Name (Typed)	_____ Signature	_____ Date
_____ Committee Member's Name (Typed)	_____ Signature	_____ Date
_____ Committee Member's Name (Typed)	_____ Signature	_____ Date

**RETENTION RECOMMENDATION FORM**

PAGE 4

Faculty Member's Name: \_\_\_\_\_

**SECTION V: Dean's Recommendation on Additional Probationary Year**

After thorough review of the WPAF, and based on the requirements in the approved probationary plan the dean makes the following recommendation:

<b>Record recommendation on Additional Probationary Year</b>	<b>Record recommendation on Making Normal Progress</b>	<b>Based on Department, Department Chair (if any), College/School, &amp; Dean recommendation:</b>
<input type="checkbox"/> Additional Probationary Year  <input type="checkbox"/> Non-retention or a Terminal Year:	<input type="checkbox"/> Yes, candidate is making normal progress.  <input type="checkbox"/> No, candidate is not making normal progress.	<input type="checkbox"/> Candidate will be reviewed by UBRTTP – at least one level had a negative or no recommendation  <input type="checkbox"/> Candidate will <b>not</b> be reviewed by UBRTTP.

Signature certifies that the above recommendation and the attached written evaluation represent the recommendation of the dean.

\_\_\_\_\_  
Dean's Name (Typed)\_\_\_\_\_  
Signature\_\_\_\_\_  
Date**APPLICANT'S ACKNOWLEDGEMENT:**

I have received a copy of this form, and the attached written recommendations of the college/university peer review committee and the dean.

I realize that signing this form does not necessarily mean that I agree with the recommendation of the college/school peer review committee and/or the dean.

I have had an opportunity to review the recommendations, and I am aware that I may submit a response or rebuttal statement to the Chair of the University Board on Retention, Tenure, and Promotion (UBRTP). I realize that I have ten days to respond before my WPAF moves to the next level of review and that my response or rebuttal will be incorporated into **Section 6** before it moves forward. I understand that my rebuttal **MUST** be submitted 10 days from the recommendation by 5pm on the deadline.

\_\_\_\_\_  
Applicant's Signature\_\_\_\_\_  
Date

**Place this form in Section 4 and place written recommendations in Section 5. Place items in Section 4 and 5 in chronological order (oldest date on top.) For Off Year Review (OYR) faculty, send this form to the next level of review with file.**

**SECTION VI: University Board Retention, Tenure, and Promotion's (UBRTP) Recommendation**

UBRTP's recommendation will be mailed to the faculty member at his/her department address.

**SECTION VII: Provost Decision**

The Provost, acting as the President's designee, will issue a final decision. The decision will be available for pickup by the applicant in the Dean's Office. Applicant signature will be required.

**RETENTION RECOMMENDATION FORM**  
**Page 1 Supplement**

Faculty Member's Name: \_\_\_\_\_

**ADDITIONAL SIGNATURES:**

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