**INFORMATION COVER SHEET**

**UF/IFAS**

**TENURE/PERMANENT STATUS PROGRESS ASSESSMENT**

Name:

Department/Center/County:

Current Title:

I HAVE REVIEWED THIS PACKET AND BELIEVE THAT TO THE BEST OF MY KNOWLEDGE IT IS COMPLETE.

Faculty Member’s Signature Date

This member is proceeding toward Tenure/Permanent Status as noted below:

* Satisfactory
* Needs Improvement
* Unsatisfactory

Unit Leader’s Signature Date