*To be completed by TRC Chair*

**Corrective Action Plan (CAP) Report of Completion**

|  |
| --- |
| Check One |
| [ ]  |  |
| [ ]  | 2nd Cycle |
| [ ]  | 3rd Cycle |
| [ ]  | 4th Cycle |

Tenure Candidate:

Date of Candidate Meeting with TRC to Address CAP Completion: \_\_\_\_\_\_\_\_\_\_\_\_

**TRC Recommendation**

[ ]  Corrective Action Plan successfully completed.

[ ]  Corrective Action Plan not successfully completed

Comments: *(The document will expand as you type.)*

**Signatures**

Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

TRC Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

D/WG Peer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Candidate Peer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Tenure Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**Tenure Candidate Signature**

I have read this report. My signature does not necessarily indicate my agreement.

 *I have chosen to attach a signed/dated statement by the appropriate deadline.* [ ] *Yes* [ ] *No*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_