*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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_