*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**

[ ]  By checking this box, I acknowledge I have read this report and understand I have the right to submit a signed/dated statement by the appropriate deadline.

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

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