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