

Recommendation on the Performance of:

Last Name	First Name	Middle Initial	PRESENT APPOINTMENT:	
Present Academic Rank				Probationary <input type="checkbox"/>
Academic Unit				Tenured <input type="checkbox"/>
College/School				Non Tenurable <input type="checkbox"/>
			Academic Year <input type="checkbox"/>	
			Fiscal Year <input type="checkbox"/>	

The Faculty Evaluation Committee Recommends:

Non Retention	<input type="checkbox"/>		
Salary Change - Merit	<input type="checkbox"/>		
Normal	<input type="checkbox"/>		
Less than Normal	<input type="checkbox"/>		
Promotion to _____	<input type="checkbox"/>	Non Promotion	<input type="checkbox"/>
Continuous Tenure	<input type="checkbox"/>	Probationary Appointment	<input type="checkbox"/>

The Faculty Evaluation Committee's evaluation of the faculty member's performance relative to the standards and criteria applied:

(append additional pages, as needed)

Signed by:	I have read the comment(s) and/or recommendation(s) of the Committee Chairperson and attest to the accuracy of the documents submitted as evidence of performance.
Committee Chairperson	Faculty Member
Date	Date

DEADLINE FOR FORWARDING THIS AND SUPPORTING DOCUMENTS IS NOVEMBER 15.

COPIES TO: DEAN (2)
 DEPARTMENT CHAIRPERSON