

REAPPOINTMENT RECOMMENDATIONS

Name _____ Rank _____

Department _____

Most Recent EDO Rating: _____ Year _____

File incorporates Dept. Head/Dean's statements about faculty member's:

Teaching Research Service

Maximum date for tenure consideration according to appointment letter _____

Action by Committee:

Recommend _____ # Do Not Recommend _____ # Abstentions _____

Improvements needed: Yes None mentioned

Members of committee: _____

Department Head: Recommends Improvements Needed
Does Not Recommend N/A

Dean: Recommends Improvements Needed
Does Not Recommend N/A

Provost: Recommends Improvements Needed
Does Not Recommend N/A