UTC Reappointment Recommendation Form

Name:	Department:		
UTCID:	Personnel №:		
Maximum Date for Tenure Consideration, per Initial Appointment Letter:			
Most Recent EDO Rating Year:	Rating:		
Note: Year for EDO Rating should indicate academic year, e.g. 2015-16.			
Action of Departmental RTP Committee (as needed) Meeting Date:			
Vote Count: For Reappointment:	Against Reappointment: Abstentions:		
Improvements needed? Yes: (specify below) No:			
Improvements:			
Names of Committee Members:			
Signature of RTP Committee Chair:	Date:		
	for Reappointment: Against Reappointment:		
	for Reappointment: Against Reappointment:		
Action by Department Head Recommends: Improvements needed? Yes: (spec	for Reappointment: Against Reappointment:		
Action by Department Head Recommends: Improvements needed? Yes: (spec	for Reappointment: Against Reappointment:ify below) No:		
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Action by Department Head Recommends: Improvements needed? Yes: (special provements: Signature of Department Head: Action by Dean Recommends:	for Reappointment: Against Reappointment: ify below) No: Date: for Reappointment: Against Reappointment:		
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Action by Provost (if needed)	Recommends: for Reappointment:	Against Reappointment:
Improvements needed? Yes:	(specify below) No:	
Improvements:		
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Signature of Provost:		Date:

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