Clear Faculty name, Rank, Votes and Overall

Print Form

# DEPARTMENT SUMMARY

## DEPARTMENT THIRD YEAR REVIEW RECOMMENDATION

Based on evaluation of activities for academic years

June 1, 20____ to May 31, 20____

Faculty member being evaluated _____ Rank _____

Department _____

Signature of Committee Chair _____ Date _____

**Department Total Votes**

| | **Teaching/Advising** | **Service** | **Scholarship** |
|---|---|---|---|
| **Superior** | | | |
| **Satisfactory** | | | |
| **Not Satisfactory** | | | |

**Overall recommendation (check one)**

| | |
|---|---|
| **Superior** | ☐ |
| **Satisfactory** | ☐ |
| **Not Satisfactory** | ☐ |

**Signatures of voting committee members** (use back if necessary)

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