

FACULTY INTERIM REVIEW RECOMMENDATION

FORM C

Name:

Department:

Rank

Tenured-Track Start Date:

Current Appointment:

Start Date:

End Date:

Evaluation of Performance:

It is recommended that 2010-2011 be the terminal year of service: Yes No

Approved by: (Signature)	Position	Date
	Department Chair	
	Dean	
	Provost	
	President	

I acknowledge receipt of my performance review by my signature below. This acknowledgment does not imply agreement with the evaluation.

Elected not to acknowledge receipt of performance review. The evaluation will still form a part of the permanent record.

_____ Date