

REAPPOINTMENT RECOMMENDATION

NAME: _____ **RANK:** _____

TENURE STATUS: Decision to be made Spring: _____

APPOINTMENT PERIOD: _____ Recommended Not recommended

CHAIR COMMENTS: *Evaluating all relevant areas of teaching, research and service and addressing how well recommendations from last reappointment were addressed.*

Department Chair Signature and Date

Faculty Member Signature and Date
(Signature ONLY acknowledges that you have read this document)

Please check if you are using 1a.

REAPPOINTMENT RECOMMENDATION

NAME: _____

Department Chair Signatue and Date

Faculty Member Signature and Date
(Signature ONLY acknowledges that you have read this document)

REAPPOINTMENT RECOMMENDATION

NAME: _____ **RANK:** _____

APPOINTMENT PERIOD: _____ Recommended Not recommended

DEAN'S COMMENTS: *Evaluating all relevant areas of teaching, research and service and addressing how well recommendations from last reappointment were addressed.*

Dean Signature and date

Faculty Member Signature and date
(Signature ONLY acknowledges that you have read this document)

Please check if you are using 2a.

REAPPOINTMENT RECOMMENDATION

NAME: _____

Dean Signature and date

Faculty Member Signature and date
(Signature ONLY acknowledges that you have read this document)

REAPPOINTMENT RECOMMENDATION

NAME: _____ **RANK:** _____

APPOINTMENT PERIOD: _____ Recommended Not recommended

VCAA COMMENTS:

VCAA signature and date

Faculty Member Signature and date
(Signature ONLY acknowledges that you have read this document)

CHANCELLOR COMMENTS: Recommended Not recommended

Chancellor signature and date

Faculty Member Signature and date
(Signature ONLY acknowledges that you have read this document)