

<b>FORM C FACULTY INTERIM REVIEW &amp; RECOMMENDATION</b>	
Name:	
Department:	
Rank:	Tenure-Track Start Date:
Current Appointment:	Start Date: End Date:
Mandatory Year:	

**Evaluation of Performance (Summarize here or attach summary). This evaluation should be shared with the faculty member being reviewed).**

Is it recommended that 2024-2025 be the terminal year of service?      Yes      No

<b>Evaluated by:</b> (Digital Signature)	<b>Position</b>
	Department Chair/College Dean (colleges without departments)

I acknowledge receipt of my performance review by my digital signature below. This acknowledgement does not imply agreement with the evaluation.  _____	<input type="checkbox"/> Elected not to acknowledge receipt of performance review. The evaluation will still form a part of the permanent record.
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Approved	Not Approved	Digital Signature	Position
			College Dean
			Provost
			President