

**Form L Teaching Professor & Professor of Practice Ranks  
Review Recommendation 2023-24**

To be completed by the Immediate Supervisor

Name:		ID #:	
Department:		Rank/Title:	

<b>Asst. Teaching Prof. – new 2-year appointment dates:</b>	<b>Promotion – Effective Date</b>	<b>Terminal Year – Effective Date</b>

**Evaluation of Performance:**

Please comment on each area of evaluation (teaching, service, research; as applicable) and include a clear justification for the recommendation. If additional space is needed, please attach up to one addition page.

When an individual has a joint appointment or multiple reporting relationships, supervisors in each reporting line should endorse this recommendation.

**Recommended by (Digital Signature):**

Immediate Supervisor \_\_\_\_\_

Dean \_\_\_\_\_

Provost \_\_\_\_\_

**Approved by (Digital Signature):**

President \_\_\_\_\_