

FORM C FACULTY INTERIM REVIEW RECOMMENDATION 2018-2019

Name:	
Department:	
Rank:	Tenure-Track Start Date:
Current Appointment:	Start Date:
	End Date:
Mandatory Year:	

Evaluation of Performance:

Is it recommended that 2019-2020 be the terminal year of service? Yes No

Evaluated by: (Signature)	Position	Date
	Department Chair/School Dean	

Approved	Not Approved	Signature	Position	Date
			College Dean (colleges only)	
			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