

Form L NTT Faculty Review Recommendation – 2018-19

To be completed by the Department Chair/School Dean

Name:		ID #:	
Department:		Rank/Title:	
Proposed Action: <input type="checkbox"/> Continue Appointment <input type="checkbox"/> Notice of Termination (Attach supporting documentation)			
Appointment End Date:	<u>From (Current Status)</u>	<u>To (Recommended Status)</u>	
Promotion to: <input type="checkbox"/> Senior Lecturer <input type="checkbox"/> Principal Lecturer (Attach supporting documentation.)			
Effective Date:			

Evaluation of Performance:

Please attach evaluation of academic performance and recommendation regarding promotion.

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

Recommended by (Signature):**Date**

Department Chair _____

Dean _____

Provost _____

Approved by (Signature):

President _____