

**Form L Teaching Professor & Professor of Practice Ranks
Review Recommendation 2024-25**

To be completed by the Immediate Supervisor

Name:		ID #:	
Department:		Rank/Title:	

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

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 _____