**FORM 11**

**DEPARTMENT/OFFICE COMMITTEE**

**RECOMMENDATION FORM**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank/Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application for: 2nd 3rd 4th 5th 6th  7th Promotion to:**

**Year of Service: 1st 2nd 3rd 4th 5th** **6th ( )**

**Recommendation:** **Reappoint/Recontract/Promote**:

**Do Not Recontract/Promote**:

**Date:**

(See 2.681TR or 5.343P, which indicates that the numerical vote must be recorded)

**Attach the committee’s assessment of the following areas:**

**1. Teaching Effectiveness OR Professional Performance**

**2a. Scholarly and Creative Activity (faculty), OR**

**2b. Professional Development (Staff, Instructors)**

**3. Service to the University Community**

**4. Service to the Wider and Professional Community**

**Committee Members**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Print or type* *Signature*

**Department/Office Committee Chairperson Department/Office Committee Chairperson**

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*Print or type* *Signature*

**Candidate’s Reaction** (if any): Attach at end of Committee Assessment

Candidate’s Signature: Date: