## DEPARTMENT COMMITTEE RECONTRACTING RECOMMENDATION FORM

**CANDIDATE NAME:**

**DEPARTMENT:**

**COLLEGE/SCHOOL:**

**DATE OF APPOINTMENT:**

**YEAR OF SERVICE (2, 3, 4, 5, 6):**

**YEAR(S) APPLYING FOR (3, 4, 5, 6, 7/tenure):**

**DEPT CHAIR/HEAD:**

**DEPT TR&P COMMITTEE CHAIR:**

**Numerical votes:** **Recontract**:

**Do Not Recontract**:

**Abstain**:

**Date:**

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

**1. Teaching Effectiveness and/or Professional Performance**

**2A. Scholarly and Creative Activity, or**

**2B. Professional Development**

**3. Service to the University Community**

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

**Committee Members**:

*Print or type* *Signature*

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**Department Committee Chairperson:**

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*Print or type* *Signature*

**Candidate’s Signature:** Date:

(Candidate may attach response, if desired):