FORM 11
DEPARTMENT/OFFICE RECONTRACTING COMMITTEE
RECOMMENDATION FORM

Date _______________________

Name ____________________________________  Rank/Title ________________________

Department/Office ___________________________________________  Ext. ______________

Application for:  2nd  3rd  4th  5th  6th  7th  (Circle appropriate years)

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

Recommendation: Reappoint/Recontract: __________
                 Do Not Recontract: __________
                 Date: __________

(See 2.681, 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

Print or type __________________________ Signature __________________________

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

Candidate’s Signature: __________________________ Date: __________________________