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:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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: