

**FORM 3  
DEPARTMENT COMMITTEE  
RECOMMENDATION FORM**

CANDIDATE NAME: \_\_\_\_\_ DATE HIRED: \_\_\_\_\_  
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:**

<i>Print or type</i>	<i>Signature</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Department Committee Chairperson:**

_____	_____
<i>Print or type</i>	<i>Signature</i>

**Candidate's Response** (if any): Attach with Committee Assessment

**Candidate's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_