

**FORM 4
COLLEGE/SCHOOL 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): _____
COLLEGE/SCHOOL CHAIR 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>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

College/School Committee Chairperson:

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

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

Candidate's Signature: _____ Date: _____