

PROBATIONARY PLAN APPROVALS

Probationary Faculty Name	Signature	Date
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Faculty Mentor's Name	Signature	Date
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Department Peer Review Committee Chair	Signature	Date
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Department Chair	Signature	Date
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College/School Peer Review Committee Chair	Signature	Date
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Dean (Typed)	Signature	Date
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PROVOST'S FINAL DECISION: Provost's letter (to be attached).