

APPLICANT'S ACKNOWLEDGEMENT:

I have received a copy of this form and the attached recommendation of the department peer review committee and, if the department chair made a separate recommendation, a copy of the department chair's written recommendation as well.

I realize that signing this form does not necessarily mean that I agree with the recommendation of the department peer review committee and/or the department chair.

Applicant's Signature

Date

PERIODIC REVIEW – PROBATIONARY FACULTY
COLLEGE / SCHOOL OF _____

Department Chair's Review

Probationary Faculty

Member's Name: _____

Probationary Year: _____

Department: _____

Brief Assessment of Progress:

Department Chair's Signature

Name

Signature

date

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Date

PERIODIC REVIEW – PROBATIONARY FACULTY
COLLEGE / SCHOOL OF _____

Dean's Review

Probationary Faculty

Member's Name: _____

Probationary Year: _____

Department: _____

Brief Assessment of Progress:

Dean's Signature

Name

Signature

date

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