

PROBATIONARY PLAN APPROVALS

Probationary Faculty Name (Typed)	Signature	Date
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Faculty Mentor's Name (Typed)	Signature	Date
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Faculty Mentor's Name (Typed)	Signature	Date
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Department Peer Review Committee Chair (Typed)	Signature	Date
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Department Chair (Typed)	Signature	Date
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College/School Peer Review Committee Chair (Typed)	Signature	Date
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Dean (Typed)	Signature	Date
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UBORT Recommendation: UBORT Chair's letter (to be attached).

PROVOST'S FINAL DECISION: Provost's letter (to be attached).