**Summary of Recommendations Form for**

**4th YEAR COMPREHENSIVE AND DIAGNOSTIC PRE-TENURE REVIEW**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campus:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please write name as you want it to appear on letters)

PhD? Yes No If yes, year doctorate was granted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, please list other appropriate degree/s and/or experience:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Unit, Department, and/or Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Rank and Discipline: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(i.e., Assistant Professor of Biology)

This file includes material covering the period \_\_\_\_\_\_\_\_\_\_\_\_\_ to September 20\_\_\_\_\_\_

Appointment (please circle one): Tripartite Bipartite (Teaching and Service)

If you were hired with prior academic experience, please list accredited institution(s)

and years of service at each institution. If you held tenure at any institution, please also note.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***For Provost’s Office Use Only***

**SUMMARY OF RECOMMENDATIONS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Unit-Peer Review Committee | Dean/Director | University-wide ReviewCommittee | Provost |
| Recommendation | Yes/NoVote: | Yes/No | Yes/NoVote: | Yes/No |
| Candidate Response Included | Yes/No | Yes/No | Yes/No | Yes/No |

*Notes:*