COMMITTEE MEMBER RECOMMENDATION FOR CONTINUANCE

_____

Faculty Member Considered for Continuance

Check one of the boxes below:

☐ Recommend Continuance ☐ Recommend Non-continuance

With regard to the instructional effectiveness, scholarly effort, and service.

What are the candidate's perceived strengths?

What are his/her perceived weaknesses?

_____

Committee Member Signature & Date

This form is a source of information for the Continuance Committee Chair and should not be destroyed until the process has been completed. The identity of the faculty member submitting the form must be kept confidential by the Continuance Committee Chair.