DEPARTMENTAL CONTINUANCE COMMITTEE RECOMMENDATION

Faculty Member Considered for Continuance

Date of Appointment

Date of Last Continuance

Check one of the boxes below:

☐ Recommend Continuance ☐ Recommend Non-continuance

The statements listed below reflect the the opinions of the majority of the committee members. Any minority opinions are so indicated.

With regard to instructional effectiveness, scholarly effort, and service:

What are the candidate's perceived strengths?

What are his/her perceived weaknesses?

My signature below indicates that the above summary accurately represents the deliberations of the committee, but does not necessarily reflect agreement with everything in the summary.

Committee Chair Signature & Date

Committee Member Signature & Date

Committee Member Signature & Date

Committee Member Signature & Date

Committee Member Signature & Date

Committee Member Signature & Date

Committee Member Signature & Date

Committee Member Signature & Date