ASSISTANT PROFESSOR DATA SUMMARY **REVIEW #:_** **NAME: _____**

CERTIFICATION OF COMPLIANCE WITH BYLAW 55 (If faculty vote required in more than one department, attach separate certification for each department).

DEPARTMENT: _____
(Please make all entries in the columns to the right)

	REVIEW #	REVIEW #	REVIEW #	REVIEW #	REVIEW #
Report of Vote:	TYPE:	TYPE:	TYPE:	TYPE:	TYPE:
Indicate class of eligible voters under approved departmental procedures for implementation of Bylaw 55. Examples: elected committee, tenure staff, entire staff, etc.					
Number eligible to vote _____					
Motion voted upon as checked under "Type of Review(s)," page 1, and proposed effective date.					
Aye _____ Nay _____ Abstain _____ Absent _____ Other _____ (Explain)					

❑ If **JOINT APPOINTMENT**, secondary department waiver in effect from _____ to _____.