FOURTH-YEAR APPRAISAL DATA SUMMARY
FOR ASSISTANT PROFESSORS

NAME: (Last Name, First Name, Middle Name, Degree(s))

DEPT/LOC:

SEC DEPT:

REVIEW #

TYPE OF REVIEW(S):

(check ALL applicable categories)

- ☐ Appraisal Recommendation
  - ☐ Favorable
  - ☐ With Reservations
  - ☐ Unfavorable
  - ☐ Unfavorable (Non-Renewal)
- ☐ Merit
- ☐ Change in Series
- ☐ Change in Department
- ☐ Renewal of Appointment
  - ☐ Recommend for
  - ☐ Recommend against
- ☐ Joint Appointment
  Secondary Department:

Mailing Address:

PRESENT STATUS			**PROPOSED STATUS**		
Rank & Step:			Rank & Step:		
Scale 0 Rate: $	11 mo APU:	Plan:	Scale 0 Rate: $	11 mo APU:	Plan:
Scale Rate: $			Scale Rate: $		
Years at Rank:	Years at Step:	Years towards 8yr Limit:	Effective Date:		

A current, up-to-date history record is required. Insert immediately following this page.

To be completed by Dean's Office of School or College having jurisdiction:

This action:

☐ Bears the required Council on Academic Personnel

☐ Comment Requires submission by the Chancellor to Council on Academic Personnel

CHANCELLOR'S ACTION:

DATE:

APPRAISAL RECOMMENDATION:

- ☐ Favorable
- ☐ With Reservations
- ☐ Unfavorable
- ☐ Unfavorable (Non-Renewal)