## TOWSON UNIVERSITY DEPARTMENT SUMMARY RECOMMENDATION (DSR)

DEPA	RTMENT OF
RECO	MMENDATION FORM FOR YEAR
FOR _	(Faculty Member)
	(Faculty Member)
college compres	This form is to be completed for all tenure track and clinical faculty by each department upon the conclusion of its PTR5 each fall. When promotion or tenure is being considered, it is forwarded as part of the faculty member's file to the appropriate promotion and tenure committee for use during its deliberations. Recommendations on reappointment and five-year tensive reviews are to be forwarded directly from the department to the dean of the college.  By signing this form faculty members indicate that they have read this form and are aware of the department's endation(s); their signatures do not necessarily indicate agreement with the recommendation(s). Faculty who wish to the recommendation(s) should follow procedures found in the Towson University Policy on Appointment, Rank and of Faculty.
The	Department PTR5 Committee voted to recommend that you have:
	<ul><li>Tenure granted</li><li>Tenure denied</li></ul>
The	Department PTR5 Committee recommends you for the following:
	Promotion to:
	o T/TT or Clinical
	<ul><li> Associate Professor</li><li> Professor</li></ul>
	o No promotion
The	Department PTR5 Committee recommends that you be:
	• Reappointed
	o Not reappointed
The	Department PTR5 Committee recommends that your performance for the period covered by the Five-Year Comprehensive Review be judged:  o Acceptable o Not Acceptable
	Committee Chair Signature Date Faculty Member Signature Date
	Faculty Member Signature Date
	In the event of multiple decisions made by different committees with different committee chairs, those committee chairs should add their signatures on the backside of this form.

Revised 7/25/2022