

TOWSON UNIVERSITY
DEPARTMENT SUMMARY RECOMMENDATION (DSR)

DEPARTMENT OF _____

RECOMMENDATION FORM FOR YEAR _____

FOR _____

(Faculty Member)

This form is to be completed for all tenure track and clinical faculty by each department upon the conclusion of its PTRM process each fall. When promotion or tenure is being considered, it is forwarded as part of the faculty member's file to the appropriate college promotion and tenure committee for use during its deliberations. Recommendations on merit, reappointment, and five year comprehensive 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 recommendation(s); their signatures do not necessarily indicate agreement with the recommendation(s). Faculty who wish to appeal the recommendation(s) should follow procedures found in the Towson University Policy on Appointment, Rank and Tenure of Faculty.

The _____ Department PTRM Committee voted to recommend that you have:

- Tenure granted
- Tenure denied

The _____ Department PTRM Committee recommends you for the following:

Promotion to T/TT or Clinical:

- Associate Professor
- Professor
- No promotion

The _____ Department Merit Committee recommends you for the following:

- No Merit
- Base Merit
- Base +Merit

The _____ Department PTRM Committee recommends that you be:

- Reappointed
- Not reappointed

The _____ Department PTRM Committee recommends that your performance for the period covered by the Five Year Comprehensive Review be judged:

- Satisfactory
- Less than Satisfactory

Committee Chair 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.

7/11/2013