DEPARTMENT SUMMARY MERIT RECOMMENDATION

Based on Evaluation of Activities for Academic Year

June 1, 20____ to May 31, 20____

Faculty member evaluated: _____ Rank_____

Department of_____

Signature Dept. Merit Committee Chair:_____ Date_____

Department Merit Committee Total Votes

	Teaching/Advising	**Service**	**Scholarship**
Not Meritorious			
Satisfactory (Base)			
Excellent (Base +1)			

<u>OVERALL MERIT RECOMMENDATION (check only one category)</u>

Not Meritorious	
Satisfactory (Base)	
Excellent (Base +1)	

Signatures of voting merit committee members *(use backside if necessary)*: