DEPARTMENT SUMMARY REAPPOINTMENT REVIEW

Based on Evaluation of Activities for Academic Years

June 1, 20____ to May 31, 20____

Faculty member evaluated: _____ Rank_____

Department of_____

Signature Dept. Committee Chair:_____ Date_____

Department Committee Total Votes

	Total number of votes
Yes, reappoint	
No, do not reappoint	

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