FORM NTT- 4

NARRATIVE SUMMARY OF DEPARTMENTAL RECOMMENDATION

**Note: If additional space is required for the Narrative, information should be inserted so as to allow continuity. Please reproduce the format below completely, use one side of the page only, and be sure that the candidate's name, department and a page number are at the top of each page.**

Teaching\*

Scholarship\*

\* Use the criteria applicable to the candidate.

Service\*

General Comments

\* Use the criteria applicable to the candidate.

(Check the appropriate terms)

The department ⁯ recommends Promotion

 ⁯ does not recommend

Number eligible to vote (include the department chair, if eligible, and other faculty members who are eligible to vote but not present at meeting)

Number voting to recommend \_\_\_\_\_

Number voting not to recommend \_\_\_\_\_

Number abstaining \_\_\_\_\_

Present at the meeting were the following faculty members:

List below the faculty members who were absent from the meeting:

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The following attachments constitute part of this report (please check as appropriate)

⁯ Report of the Reading Committee

⁯ Report of the Chair or Director of the Secondary Department, Center, Bureau, Institute, Decanal Unit

 or Degree-Granting Program

⁯ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Meeting

All participants in the department evaluation have had the opportunity to review the final departmental report.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair Date

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Print Name of Department Chair