FORM NO. 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.**

**Negative votes and abstentions must be addressed in the department narrative.**

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 ⁯ Reappointment

 ⁯ does not recommend ⁯ Tenure and Promotion

 Tenure

 ⁯ Promotion

 ⁯ Appointment with Tenure

Number eligible to vote \_\_\_\_\_\_ (All departmental tenured faculty at or above the appropriate rank are expected to participate in the departmental review. Include the department chair, if eligible, and other faculty members who are eligible to vote but not present at meeting). Please explain any negative votes or abstentions in the narrative.

Faculty members who have a conflict of interest with the candidate should be recused from the meeting. Eligible faculty serving at another level of review, and recused faculty, should be included in the list of faculty unable to attend (see below).

Negative votes and abstentions **must** be addressed in the department narrative.

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

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

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

Present at the meeting were the following tenured faculty members:

List below the faculty members who were absent from the meeting and briefly explain why:

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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

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

Print Name of Department Chair