

**North Carolina A&T State University
Report of the NTTF Review Committee**

Date:

Name of Faculty Member:

(Last)

(First)

(Middle)

Department:

College:

Highest Degree Earned:

Date Earned:

Current Rank:

Requested Rank:

Committee Level:

I. Findings of the Review Committee concerning NTTF expectations in the Faculty Handbook (See NTTF Policies)

Instructions: Please complete the field below. Clearly identify the expectation(s) you are addressing by using one or more of the (position-related) headers derived from the list of expectations in the Faculty Handbook for the NTTF position. The headers are as follows; "Evidence of Outstanding Teaching", "Evidence of Research Excellence", "Evidence of Outstanding Clinical Practice", and "Evidence of Outstanding Practice".

(Character limit for box below: 500)

I. Continue (*Character limit for box below: 500*)

II. Other Relevant Factors (*Character limit for box below: 500*):

Report of Voting

**Please do not leave blanks. Enter "0" in categories which did not receive any votes*

Number of faculty eligible to vote:

Number of faculty **for** proposed appointment: **Against:** **Abstaining:** **Absent:**

Signatures of the Committee

_____ [Name] Committee Chairperson	_____ [Name of Committee Member]	_____ [Name of Committee Member]
_____ [Name of Committee Member]	_____ [Name of Committee Member]	_____ [Name of Committee Member]
_____ [Name of Committee Member]	_____ [Name of Committee Member]	_____ [Name of Committee Member]
_____ [Name of Committee Member]	_____ [Name of Committee Member]	_____ [Name of Committee Member]
_____ [Name of Committee Member]	_____ [Name of Committee Member]	