

**North Carolina A&T State University
Post-Tenure Review Recommendation Form**

Date:

Applicant's Name:

Department:

College:

Present Rank:

Review Level:

Statement of Evaluation

Teaching -

[500 character max]

Research -

[500 characters max]

Service -

[500 characters max]

Report of Voting

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

Overall Judgment:

Number of faculty eligible to vote:

For:

Against:

Abstaining:

Absent:

*Please note: Considerable justifications must be provided in the field below, if the overall judgment differs substantially from the findings of the four most recent annual reviews. (Faculty Handbook, App. B-3, p.7, section V.A)

[800 character max]

Signatures

Department PRC

[Name]

Date

Department Chair

[Name]

Date

Dean

[Name]

Date

[Name]
Committee Member

Date

[Name]
Committee Member

Date

[Name]
Committee Member

Date

[Name]
Committee Member

Date

[Name]
Committee Member

Date

[Name]
Committee Member

Date

[Name]
Committee Member

Date