



Department and/or College of _____

(Date)

FOR: _____
Vice Chancellor for Academics and Research
Chair, Faculty Status Board

R E C O M M E N D A T I O N

I/We would like to recommend _____, a
(Faculty)
_____ faculty of _____
(Status – Part-time/Contractual/Probationary/Permanent) (Department and/or College)
not to be _____ as _____
(hired/rehired/made permanent) (academic rank)
for _____.
(semester/school year)

The recommendation is based on the following reasons:

Attached are the documents to support the above recommendation.

Deliberated and endorsed by the Departmental/Collegiate Faculty Status Board:

Department Chair: _____
(Name & Signature)

College Dean: _____
(Name & Signature)

FA Representative: _____
(Name & Signature)

Senior Faculty (for hiring,
promotion & permanency): _____
(Name & Signature)