

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

Date:

Name of Faculty Member:

(Last)

(First)

(Middle)

Department:

College:

Highest Degree Earned:

Date Earned:

Current Rank:

Requested Rank:

**I. Findings of the Dean 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*):

Signature of the Dean: \_\_\_\_\_

Date: \_\_\_\_\_