

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

Date:

Applicant's Name:

Department:

College:

Present Rank:

Committee Level:

Statement of Evaluation

Teaching

[500 characters 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*

Number of faculty eligible to vote:

Number of faculty for proposed appointment:

Against:

Abstaining:

Absent:

Signatures of the Committee

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

Chair

[Name]
Committee Chairperson

Date

Dean

[Name]

Date