RECOMMENDATION FORM FOR THIRD-YEAR REVIEW

_____ _____ _____ _____
Name of Faculty Member | Highest Degree | Year | Institution

_____ _____ _____
Present Rank or Title | College | School/Department Unit

Initial Appointment at USM: Date: _____ Rank: _____

Credit (in years) for Prior Experience toward: Promotion: _____ Tenure: _____

Full-Time Professional Experience: _____ _____ _____ _____
(Including current academic year) Non-Coll/Univ | Non-USM Coll/Univ | USM | Total

ACTION OF COLLEGE/SCHOOL:	RENEWAL RECOMMENDED	RENEWAL NOT RECOMMENDED
DEPARTMENT TENURED FACULTY* (Assessment Attached)		
DEPARTMENT CHAIR/DIRECTOR* (Assessment Attached)		
COLLEGE ADVISORY COMMITTEE		
DEAN		

Signatures:

_____ _____
Chair/Department Recommending Body Date | Chair/College Advisory Committee Date

_____ _____
Chair/Director Date | Dean Date

*Attach written assessment of faculty member's performance in each of the three areas-teaching-research/creative activity, and service.

Action of University: _____Renew _____Not Renew _____Other (Describe)

_____
Provost Date

Revised 1/07