



## Third Year Review Form

*To be completed by the Department or Academic Unit Promotion and Tenure Committee and the Department Chair.*

*This form is to be kept **confidential** and only to be shared with the Dean and Provost.*

FACULTY NAME:

COLLEGE:

DEPARTMENT:

PRESENT RANK:

**Department or Academic Unit P&T Committee Recommendation (attach any minority recommendations):**

Number favoring recommendation

Number not favoring recommendation

Number of abstentions

Number of absences

Conditions (if any)

**Department Chairperson's Recommendation:**

Department Chair's vote

Reappoint

Do Not Reappoint

Department Chair's signature

Final Recommendation

Date