

AUSTIN PEAY STATE UNIVERSITY

DEPARTMENT PROMOTION RECOMMENDATION
MINORITY REPORT

Name: _____

Date: _____

College: _____

Dept: _____

Highest degree: _____

Year Awarded: _____

Institution Awarding Highest Degree: _____

Date of initial APSU appointment: _____

Present rank: _____
Inst. Asst. Assoc. Prof.

Years in rank at APSU: _____
Inst. Asst. Assoc. Prof.

Years in rank elsewhere: _____
Inst. Asst. Assoc. Prof.

Minority Evaluation: Please submit information in each of the categories listed. Attach appropriate supporting documents.

A. Effectiveness in Academic Assignment If additional space is needed, use the "Additional Comments" space on page 3.

B. Scholarly and Creative Accomplishments If additional space is needed, use the "Additional Comments" space on page 3.

C. Professional Contributions and Activities If additional space is needed, use the "Additional Comments" space on page 3.

Additional Comments

DEPARTMENT PROMOTION COMMITTEE VALIDATION: We certify that we have read the department committee on promotion minority report. Although these statements reflect committee discussion, our signatures do not indicate agreement or disagreement with the above evaluation.

Signatures **[Place your visible signature in the same box as your printed name]:**

I certify that I have read the department promotion committee's minority report. My signature does not indicate agreement or disagreement with the statements made here.

Signature of Faculty Member: _____

Date: _____

Dept. Promotion Committee Voting Record

For: Against: Absent:

Non-Voting Department Member(s):

Minority Report? No Yes
Check one box.

Committee Chair's Name (Print):

Committee Chair's Signature: