

AUSTIN PEAY STATE UNIVERSITY
COLLEGE COMMITTEE PROMOTION RECOMMENDATION
MINORITY REPORT

EVALUATION OF FACULTY CANDIDATE

College: _____

Department: _____

Name of faculty candidate: _____

This evaluation is as follows:

Committee Vote

_____ (For)

_____ (Against)

_____ (Absent)

_____ (Non-Voting Dept. Rep)

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

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

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

Additional Comments

Date of Committee Meeting: _____

Date Evaluation Submitted: _____

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

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

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

Signature of Faculty Member

Date