DEPARTMENT SUMMARY FIVE YEAR COMPREHENSIVE REVIEW

Based on Evaluation of Activities for Academic Years

June 1, 20____ to May 31, 20____

Faculty member evaluated: _____ Rank_____

Department of_____

Signature Dept. Committee Chair:_____ Date_____

Department Committee Total Votes

	Total number of votes
Positive Five Year Review	
Negative Five Year Review	

Signatures of voting committee members *(use backside if necessary)*: