## 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):