

RECOMMENDATION FOR: *Critical Review*

REAPPOINTMENT FOR ACADEMIC YEAR: _____

SCHOOL/DEPARTMENT: _____ GTID: _____

NAME (LAST, FIRST, MIDDLE): _____

INITIAL GEORGIA TECH APPOINTMENT: _____

INITIAL TENURE TRACK YEAR: _____

CURRENT TITLE: _____ NUMBER OF YEARS AT TECH: _____

YEARS IN NON-TENURE TRACK: _____

NUMBER OF YEARS AT RANK OF

YEARS IN TENURE TRACK: _____

ASSISTANT PROFESSOR OR ABOVE: _____

PRIOR SERVICE CREDIT: _____

NUMBER OF YEARS IN CURRENT RANK: _____

EARLIEST DECISION YEAR: _____

JOINT APPOINTMENT –

6th TENURE TRACK YEAR: _____

OTHER DEPARTMENT: _____

BREAK IN CONTINUITY OF EMPLOYMENT AT GEORGIA TECH

DATES	EXPLANATION

ACADEMIC DEGREES

DEGREE	INSTITUTION	YEAR AWARDED

ADMINISTRATIVE ACTION: Indicate by "X", Committees indicate by number of votes.

	REAPPOINTMENT						
					ABSTENTIONS		ABSENT
	YES	YES W/C	YES W/W	NO	REQ	OTHER	
SCHOOL COMMITTEE							
SCHOOL CHAIR							
COLLEGE COMMITTEE							
DEAN							
INSTITUTE COMMITTEE							
PROVOST							
PRESIDENT							

SIGNATURES:

SCHOOL CHAIR

DEAN

PROVOST

PRESIDENT

Reappointment Decision: _____