

Recommendation Form for

**Continuing Appointment of Assistant Teaching Professor**

**Continuing Appointment of Associate Teaching Professor**

**1. Candidate**

Name Present rank Unit

Date of first appointment at University of Victoria:

Date of appointment to present rank:

**2. Recommendation of ARPT Committee**

 The ARPT Committee recommends

 does not recommend

 that

 (name)

 be

 Recommendation *(granted continuing appointment; promoted to...)*

**Vote of ARPT Committee**

Number in favour of continuing appointment

Number against continuing appointment

**3. Documentation required to be submitted with this form:**

Departmental checklist signed by the Chair of the ARPT Committee and the candidate together with all materials listed.

**4. Evaluation of teaching performance**

**5. Evaluation of scholarly activity**

**6. Evaluation of service contributions**

**7. Statement of ARPT Committee**

 *We have carefully read the above submission.*

 (1) (5)

 Signature Signature

 Printed name Printed name

 (2) (6)

 Signature Signature

 Printed name Printed name

 (3) (7)

 Signature Signature

 Printed name Printed name

 (4) (8)

 Signature Signature

 Printed name Printed name

**8. Date of submission of this Recommendation to Dean of Science**

**9. Signature of the Candidate**

 (a) *I have been given the opportunity to read this recommendation. To the best of my knowledge, the supporting documentation provided by the unit is accurate and complete.*

 Date Signature

 Printed name

 (b) *I have been given the opportunity to read this recommendation. I find the supporting documentation provided by the unit to be inaccurate/incomplete and will communicate my concerns in writing to the Dean as per the Collective Agreement Section 33.33.*

 Date Signature

 Printed name

*Revised August 2020*