**Department Chairperson Recommendation Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s Name: |  | Department: |  |

Insert your letter here

The Chairperson of the Department has prepared the above document verifying and evaluating the application of this candidate, according to the contractual (CBA) and UWTC guidelines, and has arrived at the following summary recommendation:

\_\_\_\_\_\_\_\_\_ Recommend

\_\_\_\_\_\_\_\_\_ Do Not Recommend tenure for this applicant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Department Chairperson

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature of Department Chairperson Date