The University of Montana

ADJUNCT/VISITNG RECOMMENDATION FORM

Recommendation on the Performance of:

Last Name | First Name | Middle Initial

Present Academic Rank

Academic Unit | College/School

Service at the University of Montana is:

Satisfactory ☐
Unsatisfactory ☐
Other Recommendations: _____

Comments:

(append additional pages, as needed)

Signed by:

Faculty Evaluation Committee Chairperson — Date

Department Chairperson — Date

Dean — Date

I have read the recommendation(s) and/or evaluation(s) of the Faculty Evaluation Committee and the Department Chairperson and attest to the accuracy of any documents submitted as evidence of performance.

Faculty Member — Date

DEADLINE FOR FORWARDING ARE:

To Department Chairperson - Oct. 15
To Dean - Dec. 15

COPIES TO:

DEAN (2) ☐
DEPARTMENT CHAIRPERSON ☐
FACULTY MEMBER ☐

(Cream/Ivory)