Candidate Name	*Department*	*College*	
	Plant, Soil, and Entomological Sciences	*Agriculture*	*TENURE*

Faculty Recommendation:

Excellent	_____	*For*	_____
Good	_____	*Against*	_____
Aver/Satisfactory	_____	*Abstain*	_____
Poor	_____		
Unsatisfactory	_____		
Abstain	_____		

Signature: _____

Faculty Rank: _____

Date: _____