

**ILLINOIS STATE UNIVERSITY
Departmental Faculty Status Committee Report**

Department/School # _____ Department/School Name _____

Evaluation Period: Calendar Year _____ Fiscal Year _____

List in alphabetical order the overall ranking for department/school faculty in each category.

Faculty Evaluated Insufficient

All Other Faculty Evaluated

Faculty Not Evaluated

DFSC Chairperson Signature **Date** **College Dean Signature** **Date**

Send original form by no later than March 31 to:
Assistant Provost, Office of the Provost, Campus Box 4000