

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

Department/School # _____ Department/School Name _____

Evaluation Period: Calendar Year _____ Fiscal Year _____

Number & list in alphabetical order the overall ranking for department/school faculty in each category.

Faculty Evaluated Unsatisfactory

All Other Faculty Evaluated

Faculty Not Evaluated

DFSC Chairperson Signature

Date

College Dean Signature

Date

Send original form by no later than April 15 to:
Office of the Provost, Campus Box 4000