

**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, 413 Hovey Hall