

NEW YORK CITY COLLEGE OF TECHNOLOGY
OF THE CITY UNIVERSITY OF NEW YORK

PEER COMMITTEE - SIGNATURE PAGE

DEPARTMENT: _____ DATE: _____

NAME OF PROMOTION CANDIDATE: _____

NAME OF ELECTED PEER: _____

The following members of the Peer Committee reviewed the candidate's file and considered whether there was evidence in the three areas of teaching, scholarship, and service to meet the criteria for promotion. Their signatures reflect that they have read the Peer Report and that they are aware that they may append comments.

Printed Name:

Signature:
