

ATTACHMENT D
APPOINTMENT STATUS RECOMMENDATION
(For Faculty Members Whose Primary Language Is Not English)

Name of Faculty Candidate:

Proposed Rank:

UT EID:

Based on the evidence of English proficiency described below, I certify that the above individual is capable of providing instruction in English under the following conditions:

No restrictions:

Some restrictions: (Please describe restrictions)

Department Chair:

Date:

Dean:

Date:

Evidence (check one or more)

Results of formal evaluation/interview procedure

Results of TSE or SPEAK