

SUFFOLK COUNTY COMMUNITY COLLEGE
SELDEN, NEW YORK

FORM C2 - Recommendation

NAME of CANDIDATE

EVALUATION BY PEER COMMITTEE

Please comment on all parts of the candidate's application,
in addition to verification of candidate's statements.

A. PERFORMANCE OF TEACHING AND/OR PROFESSIONAL DUTIES

B. SERVICE TO THE COLLEGE AND COMMUNITY

C. PERSONAL AND PROFESSIONAL GROWTH

RECOMMENDATION OF EVALUATION COMMITTEE:

☐ Promotion Not Recommended

☐ Promotion Recommended

BASIS FOR RECOMMENDATION: _____

SIGNATURE/TITLE OF COMMITTEE CHAIRPERSON _____ DATE _____

I have reviewed this form and have ☐ have not ☐ attached an
additional statement.

Date

Signature