# SCHOOL OF MEDICINE GUIDELINES

**Peer Review Committee**

# SUMMARY VOTING PAGE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RATING** | **EXCELLENT** | **VERY GOOD** | **SATISFACTORY** | **UNSATISFACTORY** |
| **PREPARATION** |  |  |  |  |
| **TEACHING** |  |  |  |  |
| **SCHOLARSHIP** |  |  |  |  |
| **SERVICE** |  |  |  |  |
| **RECOMMENDATION** | YES |  | NO |  |

*Total votes must equal 5 for each criteria.*

*Committee signatures may be on this page or on a separate page.*

Peer Committee Member Signature

Peer Committee Member Signature

Peer Committee Member Signature

Peer Committee Member Signature

Peer Committee Member Signature

Peer Committee Member Signature