

**ANNUAL PERFORMANCE REVIEW**  
**PART-TIME INSTRUCTOR APPOINTMENT**

**FACULTY REVIEW DUE ON OR BEFORE APRIL 30** *(when applicable)*

**CHAIR/DIRECTOR REVIEW DUE ON OR BEFORE JUNE 8**

**DEAN REVIEW DUE ON OR BEFORE JULY 15**

*(make separate copies of review form for each level of review)*

NAME: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

DEPARTMENT/SCHOOL: \_\_\_\_\_

ACADEMIC TERM(S): \_\_\_\_\_

Please circle as appropriate: The appointee    has    has not    had previous appointments.

Assessment of the appointee's performance of the duties described in the Letter of Appointment, as documented by teaching observations, student evaluations, and course materials; and by applying standard university and department criteria as appropriate to the appointment:

1. Professional Competence (teaching effectiveness):

2. Other assignments/Other professional activities:

3. Recommendation:

REVIEWER: (circle one)    FACULTY                      CHAIR/DIRECTOR                      DEAN

Signature of Reviewer: \_\_\_\_\_ DATE: \_\_\_\_\_