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:________________________