ANNUAL PERFORMANCE REVIEW
TERM OR GRANT/CONTRACT FACULTY

FACULTY REVIEW DUE ON OR BEFORE MARCH 15
DEPARTMENT CHAIR REVIEW DUE ON OR BEFORE APRIL 1
DEAN REVIEW DUE ON OR BEFORE MAY 15

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

NAME:___________________________________

COLLEGE:___________________________________

DEPARTMENT/SCHOOL:___________________________________

TERMINATION DATE:___________________________________

Present Year of Term Appointment (Circle One):   1    2    3    4    5

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, clinical, and/or other effectiveness)

2. Professional Recognition (scholarly and creative activities) (for grant/contract faculty as per letter of appointment; only upon the request of term faculty)

3. Professional Service (All Term, Grant/Contract faculty)

4. Recommendation:

REVIEWER: (circle one)   FACULTY   CHAIR/DIRECTOR   DEAN

Signature of Reviewer:_________________________ DATE:________________