
INSTRUCTIONS: The reviewer or reviewing committee should present an evaluation of the faculty member's achievement and activity. The statement should not only summarize the faculty member's activity, but also express judgment of the quality and significance of the faculty member's performance (an explanation of the reasons for the recommendation).

1. **Faculty Name:** Please type full legal name, including the correct salutation. Please refrain from using nicknames.
2. **Banner ID #:** Number can be obtained by accessing Assist or Blackboard. (e.g., 100XXXXXX; 200XXXXXX)
3. **Academic Rank:** Indicate the correct title from Lecture I, Lecturer II, Senior Lecturer, Assistant Professor in Practice, Associate Professor in Practice, Professor in Practice, Clinical Instructor, Clinical Assistant Professor, Clinical Associate Professor, Clinical Professor.
4. **College:** Indicate the college the faculty member is affiliated with.
5. **School/Department:** Indicate the School/Department where the faculty is employed.
6. **Current Academic Year:** Designate current academic year. (e.g., 15-16).
7. **Year in Current Contract:** (e.g., First, Second, Third)
8. **Year appointed to Current Rank:** Indicate the year appointed to current rank.
9. **Application for:** Check all that applies to indicate the faculty's application.

The reviewer or reviewing committee documents an evaluation of the faculty member's achievement and activity for teaching, research/scholarships and service. The statement should not only summarize the faculty member's activity, but should also express judgment of the quality and significance of the faculty member's performance (details supporting the recommendations).

10. **Teaching:**
11. **Research/Scholarship:**
12. **Service:**
13. **Evaluative Summary:**
14. **Faculty Name:** Type the name of the faculty member's being reviewed. Name should be same as on page 1.
15. **Reappointment and Promotion (Check as Appropriate):** Click on the boxes and fill in the blanks to mark the recommendation.
16. **Recommendation for Annual Evaluation (Check as Appropriate):** Click on the box to mark the recommendation.
17. **Review Level:** Click on the box to choose the appropriate level of review and type the date of the review.
18. **Certification:** I/We certify that the recommendation made immediately above represents the intention of the reviewing body/reviewing officer.
19. **Signature(s) of Committee Member(s):** Committee members must print name and sign on the designated signature lines.

* A copy of the Review Recommendation shall be placed in the faculty member's evaluation folder for each level of review, and a copy sent to the faculty member.

Non-Tenure Track Recommendation*
Annual Evaluation/Reappointment/Promotion

INSTRUCTIONS: The reviewer or reviewing committee should present an evaluation of the faculty member's achievement and activity. The statement should not only summarize the candidate's activity, but also express a judgment of the quality and significance of the candidate's performance (an explanation of the reasons for the recommendation).

1. Salutation: _____ Last Name: _____ First Name: _____ MI: _____

2. Banner ID: _____ 3. Academic Rank: _____

4. College: _____

5. School/Department: _____

6. Current Academic Year: _____ 7. Year in Current Contract: _____ 8. Year appointed to Current Rank: _____

9. Application for:

- Annual Evaluation Reappointment Promotion

The dossier will also serve as the Annual faculty evaluation dossier. That is, faculty who are undergoing NTT reappointment or applying for promotion do not need to submit a separate dossier for their annual evaluation.

10. Teaching:

11. Research/Scholarship:

12. Service:

13. Evaluative Summary:

Faculty Name: _____

15. REAPPOINTMENT AND PROMOTION (check as appropriate):

- Reappoint at the Same Rank
- Reappoint and Promote to: _____
- Do not Renew Contract: (with appropriate notification)

16. ANNUAL EVALUATION (check as appropriate):

- 1. Exceeds Expectations
- 2. Meets Expectations
- 3. Does Not Meet Expectations - Meeting with Director/Chair and Dean to develop an action/remediation plan is required; the faculty member may be subject to further review.
- 4. Unsatisfactory - Meeting with Director/Chair and Dean to develop an action/remediation plan is required; the faculty member may be subject to further review and/or to appropriate administrative action including termination.

17. Review Level: (check as appropriate):

- School/Dept. Committee Director/ Chair College Committee (if applicable) Dean Provost/EVPAA (for promotion) Date: _____

18. CERTIFICATION:

I/We certify that the recommendation made immediately above represents the intention of the reviewing officer/reviewing body.

Print Name:

19. Signature (s) Committee members:
