

APPENDIX A*

Faculty Evaluation Form

Submitted by _____ **

Name _____

Faculty Rank _____

Department _____

Change of Status _____

Recommendation: Recommended Not Recommended

Vote of Evaluation Committee: _____ In support of majority recommendation

_____ Opposed to majority recommendation

Justification for Recommendation (Clearly indicate the basis for the evaluation of this individual in each of the appropriate categories: Teaching, Research and Other Creative Activities, Service, Other University Duties, and Appropriate Professional Development.):

Signature:

Chairman

Faculty Member

Date

Committee Members

date

*This evaluation format will be used by the Department Evaluation Committees and the College Evaluation Committees.

**The appropriate Department or College Evaluation Committee is designated.