

**COLLEGE OF ARTS & SCIENCES
ANNUAL REVIEW REPORT FORM**

INFORMATION ON THE FACULTY MEMBER UNDER REVIEW

Name _____ Date _____

Department _____ Review Period _____

Faculty Member's Status _____ (Choose response from below)

T= Tenured A= AP track F= Other Full Time
N= Non Tenured, Tenure-Track P= Part Time

TO BE COMPLETED BY THE DEPARTMENT HEAD

A. Head's Summary Evaluation (please circle one response below)

Head's Overall Ranking

Satisfactory Unsatisfactory

TO BE COMPLETED BY FACULTY MEMBERS CHARGED WITH PEER REVIEW

B. Peers' Summary Evaluation (please circle one response below)

Peers' Overall Rating

Satisfactory Unsatisfactory

TO BE COMPLETED BY DEAN (only if required to resolve a conflict)

C. Dean's Summary Evaluation (please circle one response below)

Dean's Overall Rating

Satisfactory Unsatisfactory

NAMES and SIGNATURES OF EVALUATORS

Department Head _____

Faculty Members Charged with Peer Review

Dean (if applicable) _____

The head's narrative evaluation, a summary of the peer review, and any response by the faculty member must be attached to this form and retained in the department's files, with a copy provided to the faculty member.

