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
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Faculty Members Charged with Peer Review
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Dean (if applicable)  
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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.