

NAME:

Faculty Evaluation Checklist

**Continuance**

\_\_\_\_\_ Memorandum or cover letter signed by the Dean containing the names of faculty recommended for Continuance and their respective departments/schools

**For each faculty member evaluated in this category submit the following:**

\_\_\_\_\_ Form #91-12-1 *Recommendation for Promotion, Tenure, **Continuance** or Non-Renewal* signed by the faculty member, the Department Chair/School Director and Dean

\_\_\_\_\_ Form #91-10-1 *Faculty Performance Evaluation* signed by the faculty member, the Department Chair/School Director and Dean

\_\_\_\_\_ Signed evaluation by Department Chair/School Director of faculty member's teaching, service and scholarly/creative activities

\_\_\_\_\_ Signed faculty evaluation statement by the Dean

\_\_\_\_\_ Other documents as desired