

FACULTY PERFORMANCE EVALUATION

TO: Vice President for Academic Affairs FROM: Dean, College of _____

Evaluated Faculty Member: _____
(Last name) (First name) (Middle initial)

(Department/School) (Date since full-time at UCO) Faculty member's signature Date

Annual Reviews:

Temporary (Lecturer _____, Instructor _____, Assistant Professor _____)

NTT (Lecturer _____, Instructor _____, Assistant Professor _____)

Tenure Track (Instructor _____, Assistant Professor _____, Associate Professor_____, Professor _____)

Tenured faculty (Last annual evaluation _____, or annual review _____)

Tenure and/or Promotion Reviews:

Pre-tenure

Tenure

Promotion

Three year review: Tenured faculty _____

STATEMENT OF DEPARTMENT CHAIRPERSON/SCHOOL DIRECTOR

Chairperson's/School Director's signature Date

STATEMENT OF COLLEGE DEAN

Dean's signature Date

Are additional attachments forwarded with this form? Yes No

Academic Affairs Review:

Signature Date