

FORM FOR PEER EVALUATION OF FACULTY¹

Faculty member _____

Department _____

Rank _____

Years of Service _____

_____	Assignment year	_____	% Research	Appointment:	12 month	<input type="checkbox"/>
		_____	% Teaching		9 month	<input type="checkbox"/>
		_____	% Extension			
		_____	% Service			

1. Research/Creative Endeavors Progress:

a. Strengths

b. Weaknesses

2. Teaching Progress:

a. Strengths

b. Weaknesses

¹ This is an evaluation of all tenured and non-tenured, tenure-track faculty. Submit the evaluation to Chair of Departmental Promotion and Tenure Committee.

3. Extension (if applicable) Progress:

a. Strengths

b. Weaknesses

4. Service Progress:

a. Strengths

b. Weaknesses

Date: _____