# <u>PERIODIC REVIEW – PROBATIONARY FACULTY</u>

# COLLEGE / SCHOOL OF \_\_\_\_\_

| Probationary Faculty Member's Name: |                                   |      |
|-------------------------------------|-----------------------------------|------|
| Probationary Year:                  |                                   |      |
| Department:                         |                                   |      |
| <b>Brief Assessment of Progress</b> | :                                 |      |
|                                     |                                   |      |
|                                     |                                   |      |
|                                     |                                   |      |
|                                     |                                   |      |
|                                     |                                   |      |
|                                     |                                   |      |
|                                     |                                   |      |
| Peer Review Committee Sign          | atures: Type or print members' na | mes  |
|                                     | Signature                         | date |

#### **APPLICANT'S ACKNOWLEDGEMENT:**

| I | have    | received   | a c   | ору   | of th | his  | form  | and | the  | attached | recomme | endation | of the | depar  | tment  | peer  | review  |
|---|---------|------------|-------|-------|-------|------|-------|-----|------|----------|---------|----------|--------|--------|--------|-------|---------|
| С | ommit   | tee and, i | f the | dep   | artm  | nent | chair | mac | de a | separate | recomme | ndation, | a copy | of the | depart | tment | chair's |
| ٧ | vritten | recomme    | ndat  | ion a | s we  | ell. |       |     |      |          |         |          |        |        |        |       |         |

| I realize that signing this form does not necessarily mean that I agree department peer review committee and/or the department chair. | e with the recommendation | of the |
|---|---------------------------|--------|
|   |                           |        |
| Applicant's Signature   | Date                      |        |

# <u>PERIODIC REVIEW – PROBATIONARY FACULTY</u>

### COLLEGE / SCHOOL OF \_\_\_\_\_

### **Department Chair's Review**

| Probationary Faculty Member's Name:  |           | _                                  |
|--|-----------|------------------------------------|
| Probationary Year:   |           | _                                  |
| Department:  |           | _                                  |
| Brief Assessment of Progress:  |           |                                    |
|  |           |                                    |
|  |           |                                    |
|  |           |                                    |
|  |           |                                    |
|  |           |                                    |
|  |           |                                    |
|  |           |                                    |
| Department Chair's Signature   |           |                                    |
| Name   | Signature | date                               |
| APPLICANT'S ACKNOWLEDGEMENT:   |           |                                    |
| I have received a copy of this form and committee and, if the department chair may written recommendation as well. |           |                                    |
| I realize that signing this form does not a department peer review committee and/or the                            |           | ree with the recommendation of the |
| Applicant's Signature  |           | <br>Date                           |

# <u>PERIODIC REVIEW – PROBATIONARY FACULTY</u>

### COLLEGE / SCHOOL OF \_\_\_\_\_

### **Dean's Review**

| Probationary Faculty Member's Name:  |           |                                      |
|--|-----------|--------------------------------------|
| Probationary Year:   |           |                                      |
| Department:  |           |                                      |
| <b>Brief Assessment of Progress:</b>   |           |                                      |
|  |           |                                      |
|  |           |                                      |
|  |           |                                      |
|  |           |                                      |
|  |           |                                      |
|  |           |                                      |
|  |           |                                      |
| Dean's Signature   |           |                                      |
| Name   | Signature | date                                 |
| APPLICANT'S ACKNOWLEDGEMENT:   |           |                                      |
| I have received a copy of this form and committee and, if the department chair mad written recommendation as well. |           |                                      |
| I realize that signing this form does not no department peer review committee and/or the                           |           | agree with the recommendation of the |
| Applicant's Signature  |           | <br>Date                             |