

EVALUATION FORM FOR FULL-TIME, NON-TENURE TRACK FACULTY
(Those on 1 year or more contract)

Please check one of the following:

Evaluation by faculty member () or by department chair ()

Evaluation of:
Academic Rank:

The categories below evaluate the faculty member's accomplishments during the period _____, through _____. In exceptional cases an extension of this period may be made, but reasons for the extension must be fully documented and attached.

	Below Department Standards	Meets or Exceeds Department Standards
Teaching and Advising (77%)		
Research/Scholarship (5-10%)		
Service to Department, School, University and/or Community (15-20%)		
Overall Performance		

Chair's Remarks:

Chair/Evaluator:

Printed Name	Signature	Date

Employee Remarks:

Employee: I have read the above evaluation.

Signature	Date

NOTE: This form must be used to evaluate FTNTT faculty. Additional evaluation forms, etc. may be appended.