ANNUAL REVIEW REPORT FORM*
See the text of the Annual and Post-Tenure Review Policy for Faculty for information on the use of this form.

I. INFORMATION ON THE FACULTY MEMBER UNDER REVIEW

Name ___________________________ Date _______________

Department ___________________ Review Period ___________

Faculty Member’s Status _________ (Choose response from below)

T= Tenured F= Other Full Time
N= Non Tenured, Tenure-Track P= Part Time

II. TO BE COMPLETED BY THE DEPARTMENT HEAD/CHAIR†

A. Head’s/Chair’s Summary Evaluation (please circle one response below)

Head’s/Chair’s Overall Rating

Excellent Good Unsatisfactory

III. TO BE COMPLETED BY FACULTY MEMBERS CHARGED WITH PEER REVIEW

B. Peer’s Summary Evaluation (please circle one response below)

Peers’ Overall Rating

Excellent Good Unsatisfactory

IV. TO BE COMPLETED BY DEAN

C. Dean’s Summary Evaluation (please circle one response below)

Dean’s Overall Rating

Excellent Good Unsatisfactory

* Completed versions of this form must be included in all promotion and tenure dossiers, for all years under consideration.
† For the purposes of this form, department chairs and academic program directors are considered equivalent to department heads/chairs.
V. **NAMES and SIGNATURES OF EVALUATORS**

Department Head/Chair ________________________________

Faculty Members Charged with Peer Review
__________________________________________
__________________________________________
__________________________________________
__________________________________________
Dean ________________________________________

VI. **FACULTY MEMBER’S RESPONSE TO THE REVIEW (optional)**