

PERIODIC EVALUATION FORM

Faculty Name:

Department:

Probationary Year:

Department RTP Committee Evaluation: (Please comment briefly on how the faculty member is progressing toward their next Performance Review)

Signature/Date

Signature/Date

Signature/Date

Department Chair Evaluation: (Please comment briefly on how the faculty member is progressing toward their next Performance Review)

Signature/Date

Academic Dean Evaluation: (Please comment briefly on how the faculty member is progressing toward their next Performance Review)

Signature/Date